

BOROUGH



OF POOLE

ANNUAL REPORT

of the

Medical Officer of Health

*On the Health and Sanitary Circumstances
of the Borough and Port of Poole*

FOR THE YEAR

1948

GEORGE CHESNEY, M.D., D.P.H.

Medical Officer of Health of the Borough and Port of Poole

BOROUGH



OF POOLE

ANNUAL REPORT

of the

Medical Officer of Health

FOR THE YEAR

1948

GEORGE CHESNEY, M.D., D.P.H.

Medical Officer of Health

Public Health Department
Municipal Buildings
Poole



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30057292>

CONTENTS

	<i>Page</i>
Ambulance	18
Clinics and Treatment Centres	19, 20
Deaths	17
Factories and Workshops	41
Food	48
Health Visiting	25
Hospitals	60
Housing	44
Immunisation	26, 62
Infectious Diseases	60
Laboratory Facilities	18
Marine Airport	74
Maternity and Child Welfare	21
Meteorology	13
Midwifery	22
Meat Inspection	52
Milk	48
Sanitary Circumstances of the Area	30
Sanitary Inspection	35
School Children, Medical Inspection, etc.	93
School Clinics	97
School Hygiene	42
Seaport	71
Social Conditions of Area	12
Tuberculosis	62
Vital Statistics	14
Venereal Disease	64
Water	30, 80

PREFACE

Public Health Department,
Municipal Buildings,
Poole.

*To His Worship the Mayor, Aldermen and Councillors of the Borough and
County of the Town of Poole.*

In accordance with my statutory duty I submit for your information and consideration my Report on the health and sanitary circumstances of the Borough and Port of Poole for the year 1948. It is prepared in accordance with the regulations of the Ministry of Health which prescribe the duties of the Medical Officer of Health. The form of presentation suggested in Circular 1728 of the 25th October, 1938, has been followed. The Report is divided into three parts :

PART I

- A. Statistics and Social Conditions of the Area.
- B. General Provision of Health Services for the Area.
- C. Sanitary Circumstances of the Area.
- D. Housing.
- E. Inspection and Supervision of Food.
- F. Prevalence and Control over Infectious and Other Diseases.

PART II

- The Health and Sanitary Circumstances of
- (a) Poole Marine Airport.
 - (b) Poole Seaport.

PART III

The School Health Services in the Borough of Poole.

The health of the Borough was satisfactory during the year 1948, and the incidence of infectious diseases was low. The housing shortage still presents a health problem of considerable magnitude and urgency, as the many cases of overcrowding, mainly in the slum property, constitute a danger of impairment to the health of those who are unfortunately compelled to live under conditions which would not normally be tolerated.

National Health Service Act, 1946

On the 5th July, 1948, the National Health Service Act, 1946, a medico-social experiment of expansive dimensions and unpredictable consequences, came into operation. Many of the Borough's powers and duties in relation to personal health were transferred on this date to the Dorset County Council, the Local Health Authority under the Act. The Borough, however, retained its powers and duties as a Local Sanitary Authority, remaining responsible as a municipal borough for the environmental health services.

Under Part II of the Act the Minister of Health, acting through the Regional Hospital Boards, became responsible for the provision of hospital and specialist services. In consequence the Borough Infectious Diseases Hospital (Alderney Hospital) was transferred to the South-West Metropolitan Regional Hospital Board and is now administered as one of the constituent units of the Bournemouth and East Dorset Group of hospitals. The Medical Officer of Health and his Deputy were requested by the Board to continue their clinical duties at the hospital during the re-organisation of the hospital service, and at the end of the year the Medical Officer of Health was still in administrative charge of the hospital.

Under Part III of the Act the following health services previously carried out by the Borough were transferred to the Dorset County Council : Ambulance Services, Care of Mothers and Young Children, Midwifery, Health Visiting, Immunisation, and Domestic Help. Poole was designated a Health Area of the County, and an Area Sub-Committee of the Health Committee of the County Council was set up ; the Medical Officer of Health, Poole, was appointed Area Medical Officer and became responsible for the day to day administration of these health services.

Neither the Borough nor the County Council is concerned directly with Part IV of the Act, which relates to General Medical and Dental services, Pharmaceutical Services and Supplementary Ophthalmic Services. Under Part V the Local Health Authority is responsible for certain duties under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts.

It is to be hoped that this epoch-making act, which is designated a Health Act but which gives immense benefits to those who are diseased, will not in its advancement of the treatment of disease obscure the work of the public health service which, built up over the past 100 years, has a notable record of achievement in the prevention of disease.

The truism — Prevention is Better than Cure — has inspired public health officers in the past. This aim must not be lost sight of, though for the present the accent seems on the cure of diseases, of which

not a few could have been prevented by a more liberal application of the principals and practice of preventive medicine. Here lies the Borough's opportunity — to take advantage of every opening to expand its activities in the field of environmental health.

During the year 1948, the National Assistance Act came into operation, the appointed day being 5th July. This Act terminates the existing Poor Law and provides in lieu the assistance of persons in need by the National Assistance Board and by Local Authorities. It provides for the welfare of the handicapped person, the aged and the infirm.

The Health and Social Services Committee of the Dorset County Council carry out the provisions of the Act in respect of accommodation and welfare services, but under Section 47, County Districts have the power to secure the removal to suitable premises of persons in need of care and attention. The District Councils are also given the responsibility of arranging the burial of any person who has died, or been found dead in their area, where no suitable arrangements for the disposal of the body are being made otherwise than by the authority.

Another Act affecting the work of the Health Department came into operation on 5th July, 1948. This was the Children's Act, which provided for the setting-up by the County and County Borough Councils of a special committee to deal with children deprived of the care of their parents.

One consequence of this legislation was the transferring of the welfare visiting of foster children from the health visitors to the staff of the Children's Officer. The Health Visitors, however, will continue to visit these children, not as child life protection visitors, but as part of their routine work in the care of mothers and young children.

In consequence of the National Health Service Act it has been necessary to re-organise the Health Department, dividing it into two sections, one dealing with environmental health, the responsibility of the Borough of Poole ; the other dealing with personal health, the responsibility of the Dorset County Council. The personnel concerned with environmental health remain in the employment of the Borough, those concerned with the personal health services became transferred officers and employees of the County Council.

The work involved in the Health Department has increased considerably as a result of the Act, many functions of the Local Health Authority being delegated to the Poole Area Health Sub-Committee in whole or in part. The administrative changes which took place half-way through the year would have given rise to considerable difficulty had I attempted to present a Report dealing separately with

health matters before and after the 5th July. I have not prepared separate statistics of the work done, but present my Report on the lines of those published in previous years.

In 1948 I was elected President of the Southern Branch of the Society of Medical Officers of Health for the Session 1948/49. On the 22nd October, 1948, as my Presidential Address I related a factual story of an outbreak of typhoid, in the form of a detective novel. At the instance of the Ministry of Health the story was dramatized and produced by the B.B.C. in the Light Programme on the 7th April, 1949, under the title "Hidden Death."

I wish to take this opportunity of thanking the chairman and members of the Public Health Committee for their kindness and consideration at all times, my fellow officers in other departments, and the staff of my department for their help and co-operation during the year. For their assistance in compiling the statistics in this Report my thanks are particularly due to the Deputy Medical Officer, Dr. J. A. Sinclair, who has prepared the section dealing with the School Health Service, and to the Senior Sanitary Inspector, Mr. R. Leggat, who has prepared the sections dealing with Sanitary Circumstances, Housing and Food.

Yours faithfully,

GEORGE CHESNEY.

October, 1949.

COMMITTEES AND STAFF, 1948

PUBLIC HEALTH AND PORT HEALTH COMMITTEE

Chairman : Alderman D. A. HAYNES, J.P.

Vice-Chairman : Councillor F. V. CRAWSHAW

Aldermen :

F. J. BACON, J.P.

S. D. BALLAM

J. BRIGHT, J.P.

Councillors :

F. BRASINGTON

W. H. COLE

A. B. HAYNES, J.P.

E. A. R. HEBLEY

Mrs. E. M. HICKINSON, J.P.

H. H. ILETT

Miss M. M. LLEWELLIN, J.P.

C. M. NORMAN

J. W. RUSSELL, J.P.

MATERNITY AND CHILD WELFARE COMMITTEE

(to 4th July, 1948)

Chairman : Councillor Miss M. M. LLEWELLIN, J.P.

Vice-Chairman : Councillor C. M. NORMAN

Alderman :

Mrs. K. A. M. MACANDREW, J.P.

Councillors :

F. BRASINGTON

E. E. BULL

A. B. HAYNES, J.P.

Mrs. E. M. HICKINSON

Miss J. WHEATLEY

Co-opted Members :

Mrs. COLES

Miss COOMBES

Mrs. GODSELL

Mrs. JARVIS

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health
Port Medical Officer
School Medical Officer

} * GEORGE CHESNEY, M.D., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer
of Health and Deputy
Port Medical Officer

} * JAMES A. SINCLAIR, M.B., Ch.B., D.P.H.

Assistant Medical Officers : † JOAN P. MOIGNARD, M.A., B.M., B.Ch., M.R.C.O.G.
† ALASTAIR C. MACKENZIE, M.D., Ch.B., D.P.H.

Senior Dental Officer : † K. G. HYLAND, L.D.S.

Dental Officers : † W. K. RIMMER, L.D.S.
† R. ALLEN, L.D.S.

Senior Sanitary Inspector : R. LEGGAT, Cert. as S.I. and M.I.

Sanitary Inspectors : C. A. TRIM, Cert. as S.I., and M.I.
J. POWER, Cert. as S.I. and M.I.
C. GLOVER, Cert. as S.I. and M.I.
G. H. WOODLANDS, A.M.I.S.E., Cert. as S.I. and M.

Rodent Officer : G. W. SKEGGS

Lay Administrative Assistant : † J. M. O'HARA, M.B.E.,

*Supt. Health Visitor and
Supervisor of Midwives :* † Miss M. M. KINGSBURY, S.R.N., S.C.M., H.V.C.

*Health Visitors and
School Nurses :* † Miss H. BROOKS, S.R.N., S.C.M., H.V.C.
† Miss I. KOSTER, S.R.N., S.C.M., H.V.C.
† Miss V. M. KUSEL, S.R.N., S.C.M., H.V.C.
† Miss L. B. LEVER, S.R.N., S.C.M., R.F.N.
† Mrs. V. NARBETT, S.R.N., S.C.M., H.V.C.
† Miss M. PHILLIPS, S.R.N., S.C.M., H.V.C.
† Mrs. M. M. STAPLEY, S.R.N., S.C.M., H.V.C.

Municipal Midwives : † Miss I. BELLRINGER, S.R.N., S.C.M.
† Mrs. D. COLLINGS, S.R.N., S.C.M.
† Miss L. FORREST, S.R.N., S.C.M.
† Miss D. M. GRENET, S.R.N., S.C.M.
† Miss L. KERNICK, S.R.N., S.C.M.
† Miss M. O'LEARY, S.R.N., S.C.M.
† Miss J. ROBERTS, S.C.M.
† Miss F. C. STEIN, S.R.N., S.C.M.
† Miss E. TUGWELL, S.R.N., S.C.M.
† Miss B. B. TYNDALE-BISCOE, S.R.N., S.C.M.

Dental Attendants : † Miss G. FORREST
† Miss R. NICHOLLS
† Mrs. MATTINSON

Chief Clerk : † F. B. EDWARDS

Clerks :

Miss E. I. TAPPER	† Miss R. M. EDWARDS
† Miss K. D. CODD	Mrs. M. FOWLER
† Miss P. E. A. GILES	† C. A. FOX
D. J. CARTRIDGE	† L. W. MATON
† Miss P. H. STEVENS	F. LEE
† Miss C. COLEMAN	† A. GEE

* Transferred part-time to County Staff, 5.7.48

† Transferred to County Staff, 5.7.48

‡ Transferred to Regional Hospital Board, 5.7.48

PART-TIME OFFICERS**(to 4.7.48)**

*Obstetric Consultant and S. GORDON LUKER,
Consultant under Puerperal M.A., M.D., B.Ch., M.R.C.P., F.R.C.S., F.R.C.O.G.
Pyrexia Regulations*

Consultant Physician : HAROLD COOKSON, M.D., F.R.C.P.

Consultant Surgeon : F. P. FORREST, M.B., B.S., F.R.C.S.

Ophthalmic Surgeon : E. R. BOWES, M.B., B.S., D.O.M.S.

Orthopaedic Surgeons : H. H. LANGSTON, F.R.C.S.
N. ROSS SMITH, M.B., Ch.M., F.R.C.S.

Nose and Throat Surgeons : A. MACKENZIE ROSS, M.D., Ch.B., D.L.O.
C. R. SALKELD, B.A., F.R.C.S.

Radialagist : D. D. MALPAS, M.R.C.S., L.R.C.P.

Anaesthetist : J. C. A. NORMAN, M.R.C.S., L.R.C.P.

Physiatherapist : Mrs. D. BEALE, M.C.S.P.

Orthapist : Miss J. RICHARDSON, D.B.O.

Speech Therapist : Miss N. O'DRISCOLL, L.C.S.T.

Public Analyst : R. P. CHARLES, M.D., F.R.I.C.
A. S. CARLOS, B.Sc., F.R.I.C., F.C.S.

Veterinary Surgeon : J. S. WOOD, M.R.C.V.S.

INFECTIOUS DISEASES HOSPITAL, POOLE

Medical Superintendent : THE MEDICAL OFFICER OF HEALTH
(to 4.7.48)

Matron : Miss E. M. DUNN, S.R.N., R.F.N., S.C.M.

PART I

SECTION A

GENERAL STATISTICS

- (1) Area of Borough. 15,641 acres, not including 2,220 acres of tidal waters and foreshore.
- (2) Population (a) As at Census, 1931 ... 57,211
 (b) As estimated by Registrar-General at 30th June, 1948 ... 80,480
 (c) National Registration, 1939 ... 77,954
- (3) Total number of Inhabited Houses (from Rate Book)
 As at December, 1945 ... 21,490
 As at December, 1946 ... 21,542
 As at December, 1947 ... 22,340
 As at December, 1948 ... 22,839
- (4) Rateable Value at 1st April, 1948 ... £659,939
 Sum represented by a Penny Rate ... £2,612

SOCIAL CONDITIONS AND UNEMPLOYMENT

For recent years the condition of the labour market has been as shown below :—

Year	Average of Unemployment	Unemployment as at December	Relief as at December
1944	71	100	599
1945	69	299	608
1946	246	342	728
1947	360	430	827
1948	498	685	Not available

PHYSICAL FEATURES

A description of the physical features of the Borough was given in the Annual Report for the years 1946 and 1947, to which reference may be made.

METEOROLOGY

A general survey of the meteorological records for 1948 shows that the weather experienced was of the standard usually experienced in this part of the country, the bad months being balanced by the good ones as far as sunshine was concerned.

The total rainfall of 28.04 inches was 4.15 inches below the average, and the mean temperature of 51.7 degrees F. was slightly above.

January was a stormy month. Sunshine was below the average, and the rainfall was $1\frac{1}{2}$ inches above. The month was mild, the mean temperature being 3 degrees above the average.

February was cloudy and unsettled in the first half, but the rainfall was $1\frac{1}{2}$ inches below the average.

March and April were warm and sunny, the sunshine being 64 and 73 hours above average. There was a drought of 16 days during the first half of March, and in April rainfall was $\frac{1}{2}$ inch below the average.

May was brilliant, with 52 hours of sunshine above the average. There was a drought of 19 days during the month, but there were five heavy falls of rain which brought the rainfall to 0.31 inches above average.

June was notably deficient in sunshine. The month was cloudy and unsettled, with occasional rain spread over the whole month. Sunshine was below average, and rainfall above.

July was deficient in sunshine, there being only 100 hours during the first three weeks of the month. The rainfall was 1 inch below the average. The mean temperature was slightly above.

The holiday month of August was much below standard, a wet and cloudy month, during which temperatures did not reach summer level. A total rainfall of 3.34 inches was recorded.

September was cloudy with bright periods, with sunshine below the average and rainfall above.

October was a pleasant month, with sunshine below the average, and rainfall nearly 2 inches below. There was a severe frost on the 27th which did considerable damage to vegetation ; the minimum temperature recorded, 27 degrees, was almost a record for October.

November was mild, with early and late mist and fog. Sunshine was above the average and rainfall considerably below.

December was the wettest month, with 5.16 inches, or over 1 inch above the average. It was a mild month, with frequent gales.

SUMMARY OF VITAL STATISTICS FOR THE YEAR 1948

As supplied by the Registrar General

				Total	Male	Female
Live Births						
Total registered	...	...	...	1355	717	638
Legitimate ...	...	...	...	1264	661	603
Illegitimate...	...	...	...	91	56	35
Stillbirths						
Total registered	...	...	...	29	19	10
Legitimate ...	...	...	...	28	19	9
Illegitimate	...	...	...	1	—	1
Deaths						
Total registered	...	...	...	899	444	455
Maternal Mortality						
Deaths from puerperal causes :						
Puerperal sepsis	...	...		Nil.	—	Nil.
Other puerperal causes	...	...		1	—	1
Total	...	...	...	1	—	1
Deaths from Special Causes						
Cancer	...	...	...	137	65	72
Whooping Cough	...	...	...	Nil.	Nil.	Nil.
Measles	...	...	...	Nil.	Nil.	Nil.
Scarlet Fever	...	...	...	Nil.	Nil.	Nil.
Diphtheria	...	...	...	Nil.	Nil.	Nil.
Enteritis (under 2 years of age)	...	...	...	3	2	1
Infant Mortality						
Deaths of infants under 1 year of age :						
Total registered	...	...	...	40	25	15
Legitimate	...	...	...	36	22	14
Illegitimate	...	...	...	4	3	1

	Comparative Statistics (Where available)	
	Poole	England & Wales
Birth Rate per 1,000 estimated resident population, mid-1948	16.40	17.90
Stillbirth Rate per 1,000 population ...	0.36	0.42
Death Rate per 1,000 estimated average population	11.12	10.80
Maternal Mortality Rate per 1,000 total (live and still) births		
Puerperal sepsis	Nil.	0.13
Other causes	0.74	0.73
Abortion with sepsis	Nil.	0.11
Abortion without sepsis	Nil.	0.05
Death Rate of Infants under 1 year of age		
All infants per 1,000 live births ...	30.17	34.00
Legitimate infants per 1,000 legitimate live births	29.05	—
Illegitimate infants per 1,000 illegitimate live births	44.40	—
Death Rates per 1,000 estimated average population		
Tuberculosis—pulmonary ...	0.41	0.51
non-pulmonary ...	0.07	
Cancer	1.69	
Measles	Nil.	
Diphtheria	Nil.	
Enteritis (under 2 years) per 1,000 live births	0.04	3.30

VITAL STATISTICS

Year	Mid-Year Population	Infantile Mortality per 1,000 Births	Per 1,000 of Population				
			Birth Rate	Marriage Rate	Death Rate (Uncor- rected)	Cancer Death Rate	Pulmonary Tuberculosis Death Rate
1900	18991	131	27.7		15.3	1.3	0.9
1905	21804	113	26.7		15.7	0.8	1.3
1910	34268	82	26.0	15.4	12.7	1.1	1.1
1915	42800	93	18.7	18.6	13.2	0.9	0.8
1920	43400	75	23.6	22.0	10.8	1.2	0.9
1925	46150	71.7	18.1	16.7	11.7	1.6	0.71
1930	56150	57.6	16.7	15.4	12.39	1.87	0.85
1935	65600	44.0	16.0	16.8	11.7	1.84	0.79
1940	72820	51.8	14.0	20.1	13.1	2.02	0.51
1941	69960	53.5	15.0	19.0	13.5	2.0	0.51
1942	69940	47.0	17.6	18.7	13.5	1.8	0.56
1943	68200	37.0	17.0	15.8	14.1	2.1	0.44
1944	67810	36.9	19.9	14.8	13.06	1.97	0.54
1945	69880	53.6	18.1	21.1	12.9	2.23	0.43
1946	76330	36.1	19.6	18.37	12.26	1.52	0.59
1947	78720	22.2	21.2	19.2	12.4	1.96	0.46
1948	80480	30.17	16.4	19.1	11.12	1.69	0.41
England & Wales 1948	43,502,000	34.0	17.9	18.1	10.8	—	—

CAUSES OF DEATH DURING THE YEAR 1948

(Supplied by the Registrar General)

Causes of Death				M.	F.	Total
1.	Typhoid & Paratyphoid Fevers	...	...	—	—	—
2.	Cerebro-Spinal Fever	...	...	—	1	1
3.	Scarlet Fever	...	...	—	—	—
4.	Whooping Cough	...	...	—	—	—
5.	Diphtheria	...	...	—	—	—
6.	Tuberculosis of Respiratory System	...	...	22	11	33
7.	Other forms of Tuberculosis	...	...	4	2	6
8.	Syphilitic Diseases	...	...	2	1	3
9.	Influenza	...	...	1	—	1
10.	Measles	...	...	—	—	—
11.	Acute Poliomyelitis and Polioencephalitis	...	...	—	—	—
12.	Acute Infectious Encephalitis	...	...	1	—	1
13.	(M) Cancer of Buccal Cavity & Oesophagus	...	...	4	—	4
	(F) Cancer of Uterus	...	...	—	7	7
14.	Cancer of the Stomach and Duodenum	...	...	14	8	22
15.	Cancer of Breast	...	...	—	16	16
16.	Cancer of all other sites	...	...	47	41	88
17.	Diabetes	...	...	2	4	6
18.	Intra-Cranial Vascular Lesions	...	...	56	81	137
19.	Heart Disease	...	...	143	157	300
20.	Other Diseases of the Circulatory System	...	...	16	23	39
21.	Bronchitis	...	...	22	10	32
22.	Pneumonia	...	...	17	12	29
23.	Other Respiratory Diseases	...	...	10	3	13
24.	Ulcer of the Stomach or Duodenum	...	...	8	4	12
25.	Diarrhoea (under 2 years)	...	...	2	1	3
26.	Appendicitis	...	...	1	1	2
27.	Other Digestive Diseases	...	...	7	12	19
28.	Nephritis	...	...	7	6	13
29.	Puerperal and Post-Abortive Sepsis	...	...	—	—	—
30.	Other Maternal Causes	...	...	—	1	1
31.	Premature Births	...	...	5	3	8
32.	Congenital Malformations	...	...	14	9	23
33.	Suicide	...	...	7	5	12
34.	Road Traffic Accidents	...	...	6	2	8
35.	Other Violent Causes	...	...	10	5	15
36.	All other Causes	...	...	16	29	45
TOTAL				444	455	899

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

Public Health Laboratories

The Medical Research Council of the Ministry of Health directs the Public Health Laboratory Service. One of the constituent laboratories is located at the Municipal Buildings, Poole, under the direction of the bacteriologist, Dr. G. J. G. King. This laboratory serves the area covered by Bournemouth, Poole, Christchurch, West Hants and East Dorset. During the year 1948, a total of 4,330 specimens were examined.

The laboratory undertakes the examination of specimens for the diagnosis of cases or suspected carriers of any infectious disease. It also undertakes for public health authorities the bacteriological examination of drinking and swimming-bath water and of milk, ice-cream and other foodstuffs as distributed to the public.

The bacteriologist and the medical officer of health work together as a bacteriological team in the investigation of outbreaks of infectious disease in the area.

Ambulance Services

On the 5th July, 1948, the ambulance services of the Borough were transferred under section 27 of the National Health Service Act to the Local Health Authority — Dorset County Council. No radical change in the operation of the service was made. The Poole Section of the Ambulance Service is located at Burlea Towers, 55 Parkstone Road, Poole (telephone Poole 294), and a day and night service is maintained. During the major part of the year there was one supervisor and 9 driver-attendants. Owing to the increased demands on the service, an additional driver-attendant was appointed on the 31st December. The staff are all experienced drivers and qualified in first aid.

Three ambulances and one sitting-case car were in operation throughout the year, one obsolete ambulance being withdrawn in July and replaced by a new Austin "Wayfarer".

Summary of Calls — Cases — Mileage
1st January to 31st December, 1948

<i>1st January to 4th July, 1948</i>					<i>Calls</i>	<i>Cases</i>	<i>Mileage</i>
Ambulances	...	...	...	...	1337	1550	9604
Sitting Case Cars	...	...	...	...	356	790	2497
Other Transport—							
Midwifery (Analgesia apparatus)	...			...	40	—	193
Health Department	...		...	...	71	—	424
Alderney Hospital	...	...	...	...	113	—	798
Borough Treasurer's Pay Clerk	...			...	30	—	609
Totals for half year					1947	2340	14125

5th July to 31st December, 1948

Ambulances	...	...	...	1608	1816	14321
Sitting Car Cases	...	...	...	578	898	5291
Other Transport—						
Midwifery (Analgesia apparatus)	...			50	—	216
Health Department	...	...	...	27	—	177
Alderney Hospital	...	...	...	46	—	331
Totals for half year				2309	2714	20,336
Total number of calls answered					...	4256
Total number of cases carried					...	5054
Total mileage covered					...	34461

Home Nursing

On the 5th July, 1948, the home nursing services in the Borough were taken over by the Dorset County Nursing Association in their capacity as agents for the Dorset County Council in maintaining a Home Nursing Service. The Poole District Nursing Association ceased to exist as a separate entity, and the staff were merged with the Dorset County Nursing Association. The headquarters of the Home Nursing Service in Poole are at 464 Ashley Road, Parkstone (telephone Parkstone 1948).

The following districts of Poole are covered by the Home Nursing Service :

Old Town, Hamworthy, Longfleet, Oakdale, Broadstone, Upper Parkstone, Central Parkstone, Lilliput, Sandbanks, Branksome and Canford Cliffs.

A total of 31,147 visits was paid during 1948, and the number of individual cases attended was 3,384.

Clinics and Treatment Centres

(a) School Clinics

67 Market Street, Old Town	}	Daily 9-10 during school sessions
The Clinic, Shillito Road, Parkstone		
Hamworthy School, Blandford Road		
Broadstone Women's Institute		
Henry Harbin School		
Kemp Welch School		Tuesdays, and Fridays 9-10 during school sessions
		Thursdays 9.30 during school sessions
		Thursdays 9-10 during school sessions.
		Mondays and Fridays 9-10 during school sessions

(b) Ante-Natal Clinics

67 Market Street, Old Town	Mondays, 2 p.m.	} By Appointment
The Clinic, Shillito Road, Parkstone	Fridays, 10.0 a.m.	

MATERNITY AND CHILD WELFARE SERVICES

Organisation

These services were transferred to the Local Health Authority on the 5th July, 1948, the Medical Officer of Health remaining in administrative charge as Area Medical Officer. He is assisted by his Deputy and an Assistant County Medical Officer. The nursing staff remain unaltered and the Nursing Services are under the general supervision of the County Nursing Superintendent.

Ante-natal and Post-natal Clinics

Ante-natal clinics are held weekly at both Old Town and Branksome Child Welfare Clinics for the benefit of expectant mothers under the care of the domiciliary midwives. Patients are referred by their midwife on booking, and attend regularly as often as necessary throughout their pregnancy. All patients are seen by appointment, both for the first time and for follow-up attendances, so that overcrowding at the clinic and a long period of waiting are avoided.

A medical officer attends each clinic session and sees all cases. So far as their work permits, the midwives attend the clinics with their patients, and receive written reports on each one after the first attendance, and after follow-up visits when required.

By arrangement with the County Pathologist and the National Blood Transfusion Service at Bristol, routine Wasserman and Kahn tests, blood grouping and Rh. investigations are done in every case.

Cases are referred to Cornelia Hospital Ante-natal Clinic when necessary, for another opinion, or for admission to a maternity bed. By arrangement with the hospital, cases requiring X-ray are referred to and a report received from the Radiological Department at the hospital.

Post-natal Clinics are held fortnightly at both Old Town and Branksome Clinics. Every patient who attended the ante-natal clinic is given an appointment for a post-natal examination between six and eight weeks after delivery.

The number of patients attending the ante- and post-natal clinics during 1948 was :—

Clinic	Ante-natal		Post-natal	
	Ist attendance	Total	Ist attendance	Total
Old Town	122	492	70	81
Branksome	173	584	51	79

Since the National Health Service Act came into operation the tendency has been for patients to book a doctor to attend them during pregnancy and for the confinement, resulting in a decline in clinic attendance, although a few women still prefer to book a midwife only.

Midwives' Acts, 1902 - 1936

The following table is inserted for observation of progress in reduction of maternal mortality, stillbirths, neonatal deaths and infant deaths under 1 year.

Year	Total live Births	DOMICILIARY BIRTHS		Institutional Births	Medical Aid Summonses	Maternal Deaths	Neo-natal Deaths	Stillbirths	Total Deaths of Infants under 1 year
		Midwives	Maternity Nurses						
1939	1045	498	300	247	73	3	27	24	41
1940	1046	472	276	298	68	4	20	45	54
1941	1082	418	248	416	48	3	26	36	56
1942	1265	532	266	467	42	2	40	45	58
1943	1178	394	233	551	45	4	28	31	43
1944	1327	486	344	497	34	—	28	37	50
1945	1298	425	307	566	28	2	41	33	68
1946	1541	491	346	704	46	4	36	45	54
1947	1667	661	391	615	69	—	33	30	37
1948	1326	372	344	610	87	—	35	29	40

During the year 1948 the midwives summoned medical aid in 87 cases.

At the end of 1948 there were practising in the Borough 10 municipal, 5 private and 14 institutional midwives — a total of 29.

Maternal Mortality

There were no maternal deaths in the Borough during 1948.

Infantile Mortality

There were 1,326 live births in the Borough and 40 deaths of infants under 1 year, giving an infantile mortality rate of 30.17.

Ophthalmia Neonatorum

There were 4 cases of ophthalmia neonatorum during 1948. There was no impairment of vision in any case.

Analgesia in Domiciliary Midwifery

A "Minnitt" Gas and Air apparatus is kept at the Ambulance Station, available for use by the municipal midwives in suitable cases. At the beginning of 1948, 7 midwives held the requisite certificate for the administration of gas and air to women in labour, two underwent the training required and obtained their certificates during the year. During 1948, 150 patients received gas and air analgesia during labour.

Premature Babies

During 1948, 49 premature babies were born in the Borough, 18 at home, 31 in hospital. Of these, 3 died during the first twenty-four hours of life, and 2 others before attaining the age of one month, leaving 44 alive at the end of that time.

A draughtproof cot with flannel sheets, and an electric blanket is provided for cases in the district. The midwives and health visitors co-operate in the care of premature infants, the health visitor being notified of the case and paying her first call before the midwife finishes her visits.

Hospital Accommodation for Maternity Cases

The Cornelia and East Dorset Hospital has twenty-one maternity beds. Under the Borough Maternity Scheme, cases who, for medical reasons, are unsuitable for home confinement are admitted to these beds. Owing to the shortage of housing, lack of suitable accommodation at home has made it necessary for a number of cases to be admitted to hospital for confinement on social grounds. During 1948, 50 patients were admitted to the maternity wards under the Borough Scheme, 33 for medical reasons, 17 on account of their social circumstances.

The Borough Maternity Scheme ceased to operate on July 5th and cases where for social reasons confinement cannot take place at home are now referred to the Bed Service Bureau, for allocation of a maternity bed. Cases where there are medical reasons for a hospital confinement are referred to one of the General Hospitals as before.

Admissions to Hospital under Borough Maternity Scheme, 1948

No. of Admissions	Reason for Admission	No. of Deliveries	
		Live Births	Stillbirths
17	Social circumstances	17	—
5	Emergency	5	—
5	Toxaemia of pregnancy	4	1
2	A.P.H.	2	—
1	Caesarean section	1	—
1	V. Veins	1	—
8	Prev. obst. history	8	—
2	Hypertension	2	—
5	Expected complications	5	—
2	Cardiac disease	2	—
1	Placenta praevia	1	—
1	Rhesus incompatibility	1	—
50		49	1

Home Visiting

Each health visitor covers an allotted district. All newly-born children are visited in their own homes within a few days of the mother's return from hospital or nursing home or, in the case of domiciliary confinement, of the mother ceasing to be under the midwife's care. Advice is given on feeding and infant hygiene, and the mother is encouraged to discuss any particular problems relating to the baby, and invited to attend the appropriate child welfare clinic. Further visits are paid regularly until the child is five years old. Visits are also paid and advice given where necessary to expectant mothers.

Visits during 1948

			<i>First visits</i>	<i>Total visits</i>
To expectant mothers...	...	...	36	51
To children under 1 year	...	...	725	2760
To children between 1 and 5 years	...	...		4597
		Total	...	<u>7,408</u>

Maternity and Child Welfare Clinics

There are twelve child welfare centres in the Borough. Of these, one is held twice weekly, one weekly, six twice a month, and four once a month.

The clinics are staffed by the health visitors whose areas the clinic serves, two health visitors at the larger clinics, one at the smaller ones.

The work at the clinics is chiefly advisory and educational. The children are weighed and advice given on such matters as diet, clothing and general management. Attention is paid to problems of mental upbringing and social training as well as to the physical health and development of the children. Children requiring treatment for other than minor complaints are referred by the medical officer to a special clinic, their family doctor, or a hospital.

Mothers are encouraged to attend the clinics regularly with their children for weighing and general supervision. Every child has a routine overhaul by the medical officer at the first visit, and subsequently at each birthday, or more often if necessary.

A representative from the Food Office attends each clinic for the distribution of National Dried Milk, Cod Liver Oil and Orange Juice. The only exception to this is Lower Parkstone Clinic, which is only a short distance from the Food Office,

<i>Attendances at Clinics</i>	<i>First visits</i>	<i>Total visits</i>
Children under 1 year	655	10198
Children between 1 and 5 years ...	455	5777
	<hr/>	<hr/>
Total	1210	15,975
	<hr/>	<hr/>

Diphtheria Immunisation

An attempt is made to ensure that all children are immunised against diphtheria before reaching the age of one year. As far as possible, artificially-fed babies are immunised at about seven months, and breast fed babies on the cessation of breast feeding, if this is continued beyond six months. Propaganda is carried out by the health visitors both in their home visiting and at the child welfare clinics. Immunisation is carried out at all child welfare clinics except Branksome, where a special immunisation clinic is held fortnightly.

During 1948, 1,177 pre-school children were given the standard course of immunising injections, 473 of these being under one year, and 519 between one and two years.

Child Life Protection

Up to the 4th July the health visitors were also child life protection visitors in their allotted districts. During this period, 71 children were boarded out with 37 foster mothers. 99 visits were paid to these homes in the year. When the Children's Act came into operation, the Children's Officer became responsible for the welfare of boarded-out children.

Care of Illegitimate Children

The recommendations contained in the Ministry of Health Circular 2861 have in general been carried out, the Borough Welfare Officer undertaking the social aspects of the work, and the health visitors advising on medical problems.

St. Monica's Home, run under the auspices of the Salisbury Diocesan Association for Moral Welfare, provides accommodation for 10 unmarried mothers. During 1948, 23 girls were admitted to the home; of these 17 were confined in St. Monica's Home and 2 in Cornelia Hospital. 4 girls took their discharge from the Home before confinement. The average duration of their stay was three to four months.

The Assistant Medical Officer for Maternity and Child Welfare is also honorary obstetrician to St. Monica's Home, and so liaison is maintained with the Health Department.

Domestic Help

The Home Helps Service is operated by the Borough Welfare Officer. Arrangements are made for the provision of such domestic help as is required in the case of illness or confinement of the housewife.

33 home helps have been employed during the year, and 111 women have had the benefit of this service.

Refresher Courses for Health Visitors and Midwives

During 1948, 1 midwife attended a refresher course.

Sharrow House Day Nursery

This nursery provides accommodation for 50 day children and 6 residents, between the ages of two and five years. Admission is limited to those whose mothers are working, in the case of day children. Children are admitted as residents in the event of confinement or illness of the mother.

During 1948, all children attending the day nursery who had not previously been examined, underwent a routine medical inspection. 46 children were examined, and 20 immunised against diphtheria.

Orthopaedic Scheme

The Orthopaedic Scheme is available to children under five. Defects ascertained by health visitors, midwives and local doctors are seen by a medical officer. Minor defects are treated and followed up at child welfare clinics, and major defects are referred to the orthopaedic clinic. This clinic is held once a month and children are seen by a consulting surgeon from the Lord Mayor Treloar Hospital, Alton.

Children recommended massage, physiotherapy or remedial exercises by the consulting surgeon are treated by the Physiotherapist and appliances, when recommended, are supplied by surgical instrument makers or from the Lord Mayor Treloar Hospital.

Children are reviewed by the consulting surgeon from time to time and may be referred to other specialists for opinion. Those requiring hospitalisation are admitted to the Lord Mayor Treloar Hospital at Alton. On completion of treatment, patients are observed at child welfare clinics and later at school.

The following tables summarise the work done and the type and variety of cases treated.

<i>Surgeon's Clinics</i>						
					1947	1948
No. of Clinics	...	...	...		11	11
Cases seen for the 1st time	...	...	...		27	6
Cases reviewed	...	...	...		45	51

<i>Massage, Remedial Exercises and Electrical Treatment</i>				1947	1948
No. of cases	...	...	...	25	18
No. of attendances	...	...	...	404	341

<i>Patients in Hospital</i>			
<i>Remaining at end of 1947</i>	<i>Admitted 1948</i>	<i>Discharged 1948</i>	<i>Remaining at end of 1948</i>
3	1	1	3

Classification of Defects											
				Under treatment December, 1947	New cases in 1948	TOTAL	Discharged	Ceased to attend	Transferred to other districts	Transferred to School	Remaining at end of 1948
A.	Congenital	...	...	16	3	19	1	0	0	3	15
B.	Inflammatory	...	...	1	0	1	0	0	0	0	1
C.	Traumatic	...	...	0	0	0	0	0	0	0	0
D.	Paralytic	...	...	0	0	0	0	0	0	0	0
E.	Acquired	...	...	14	3	17	3	2	0	2	10
F.	Diseases of Bone	...	...	0	0	0	0	0	0	0	0
G.	Other Orthopaedic defects	...	...	0	0	0	0	0	0	0	0
H.	Non-Orthopaedic defects	...	...	0	0	0	0	0	0	0	0
TOTAL				31	6	37	4	2	0	5	26

Maternity and Child Welfare Dental Treatment

All expectant mothers attending the ante-natal clinics were offered dental examination, advice and treatment by the dental officers. Children attending maternity and child welfare clinics who required dental treatment were also referred to the dental officers.

248 expectant and nursing mothers were seen by the dental officers for examination and advice. Of these, 150 accepted treatment and there were 832 attendances.

The treatment carried out is summarised as follows : Extractions, 577 ; Fillings, 277 ; Local Anaesthetics, 379 ; General Anaesthetics, 10 ; 95 artificial dentures were supplied in the cases of 53 patients, and 4 dentures came in for repair ; 1 case was referred for X-ray. Other operations totalled 581.

68 pre-school children were seen and received advice, and there were 95 attendances. 62 temporary teeth were extracted, 2 were filled. 42 cases received a general anaesthetic and 2 a local anaesthetic. 179 sessions were devoted to the care of maternity and child welfare cases.

National Society for the Prevention of Cruelty to Children

The N.S.P.C.C. has a full-time Inspector for the Poole and East Dorset area. The Health Department has always found the Society's Inspector very ready to co-operate in cases of medical neglect, and most helpful in following up such cases, and in dealing with difficult and careless parents.

During 1948, 146 cases relating to 356 children were dealt with by the Society. Included in these were 94 cases of neglect, 7 of ill-treatment and 43 in which the parents or guardians sought the Inspector's advice and help. There was one prosecution, which was successful. The inspector paid 610 visits in connection with these cases.

Nursing Homes

During 1948, 30 visits of inspection were made to Nursing Homes within the Borough.

Number on register at end of 1947	...	...	11
Added during 1948	...	...	3
Closed during 1948	...	...	3
Number on register at end of 1948	...	...	11
Number of visits of inspection during 1948	...	...	30

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

(a) Public Water Supplies

Corporation Supply

The main water supply for the district is provided by the Poole Corporation Waterworks. The supply is obtained from a well 170 feet deep in the Upper Chalk at Corfe Mullen near Poole. The water is hard, but is softened by a modern "cold lime" process, then rapid filtered and finally chloraminated to give residuals of chlorine throughout the area of supply. The quantity of water during the year has been ample for all purposes and the water supplied has maintained a high and consistent standard of purity.

During the year 123 samples of the treated water were taken from consumers' taps by the Sanitary Inspectors for bacteriological examination at the Public Health Laboratory, Poole, and on all occasions the water was reported as "Class I" (Ministry of Health Report No. 71 (1939) Classification). In addition, 135 samples taken by the Waterworks' Chemist during the same period were without exception within the standard of "Class I". Four complete chemical analyses made during the year by the Public Analyst were reported as satisfactory. A copy of one of these analyses is given below. Throughout the year a daily check of residual chlorine was made at all points of the area of supply and in the control of the treatment plant, 1,486 samples were taken by the Waterworks Department.

During 1948, 48 bacteriological examinations of the raw water were made in the Waterworks Laboratory — of these :

17 samples were within Class I

6 " " " " " II

10 " " " " " III

15 " " " " " IV

B.Coli, Type I, was demonstrated in 27 of the above samples. The maximum number of coliform bacteria was in the neighbourhood of 180 per 100 ml, and invariably followed abnormal rainfall.

As the water is derived from the upper chalk, it has no plumbo-solvent action.

Within the area of supply in the Borough all houses are supplied direct and none by means of standpipes. 5,442 yards of main were laid during the year and the amount of water supplied was 822.4 million gallons.

CERTIFICATE OF ANALYSIS

of a sample of water from the Poole Corporation Waterworks on the 6th December, 1948.

I hereby certify that I have examined the above mentioned sample with the following results :

Chemical Analysis (Results expressed in parts per 100,000)

Ammonia, free	...	...	...	...	0.0060
„ albuminoid	...	...	...	...	0.0050
Oxygen absorbed at 80°F. in 15 min.	...	...	...	...	0.0380
Oxygen absorbed at 80°F. in 4 hours	...	...	...	...	0.0562
Nitrites	...	...	...	...	absent
Nitrates (as Nitric Nitrogen)	...	...	...	...	0.36
Chlorine	...	...	...	...	1.85
„ (as Sodium Chloride)	...	...	...	...	3.05
Hardness, Temporary as CaCO ₃	...	...	...	...	11.65
„ Permanent	...	...	...	...	4.00
„ Total	...	...	...	...	15.65
Total Solid Matter, dried at 180°C	...	...	...	...	18.20
Free Chlorine	...	...	...	...	Nil.
Free Carbon Dioxide	...	...	...	...	Nil
pH value	...	...	...	...	6.9
Metals	...	...	...	...	slight trace of Iron
Colour	...	...	...	...	Colourless & Clear
Odour	...	...	...	...	None

Bacteriological Examination

Total Organisms, grown on Agar Agar	
at 37°C. in 48 hours	... .. 2 per c.c.
B. Coli, grown at 37°C. in 48 hours, per 100 c.c.	Absent

Remarks

The above figures indicate that this water is satisfactory both chemically and bacteriologically and is eminently suitable as a Public Supply for both drinking and domestic purposes.

(Signed) ARTHUR S. CARLOS, B.Sc. (Lond.), F.R.I.C.,
Public Analyst.

Bournemouth Gas & Water Company Supply

On the eastern and northern boundaries of the Borough about 2,000 houses are within the supply area of the Bournemouth Gas & Water Company. In 1948, 30 samples of this supply were taken by the Sanitary Inspectors for bacteriological examination at the Public Health Laboratory, Poole, and all were found to be of the standard of Class I.

The supply was ample throughout the year. A copy of a recent chemical analysis of this water is given below :

The Counties Public Health Laboratories,
66 Victoria Street, London, S.W.1.

CERTIFICATE OF ANALYSIS

of a sample of water received on 20th December, 1948, from Bournemouth Gas & Water Company.

Chemical Results in parts per million

Appearance Clear and bright

Colour (Hazen)	Less than 10	Turbidity (Silica Scale)	Nil
Reaction pH	7.4	Odour	Nil
Electric Conductivity at 20°C.	520	Free Carbon Dioxide	6
Chlorine in Chlorides ...	22	Total Solids dried at 180°C.	350
Hardness : Total	275	Alkalinity as Calcium Carbonate	110
Nitrogen in Nitrates ...	2.6	Carbonate (Temporary) ...	110
Free Ammonia	0.10	Non-carbonate (Permanent)	165
Albuminoid Ammonia ...	0.090	Nitrogen in Nitrites	Less than 0.01
Metals	Absent	Oxygen absorbed in 4hrs. at 27°C.	1.05
		Residual Chlorine ...	0.10

BACTERIOLOGICAL RESULTS

	1 day at 37°C.	2 days at 37°C.	3 days at 20°C.
No. of Colonies developing on Agar per c.c. or ml.in	0	0	0
Presumptive Coliform			
Reaction	—	—	Absent from 100 ml.
Bact.coli	—	—	Absent from 100 ml.
CI. Welchii Reaction ...	Present in	100 ml.	Absent from ml.

This sample is clear and bright in appearance, neutral in reaction and free from iron and other metals. The water is hard in character but not to an excessive degree and it contains no excess of mineral or saline constituents in solution. It is free from noticeable colour, of satisfactory organic quality and of a high standard of bacterial purity.

These results are consistent with a pure and wholesome water suitable for drinking and domestic purposes.

(Signed) GORDON MILES,
for The Counties Public Health Laboratories.

28th December, 1948.

(b) Private Water Supplies

In the northern area of the Borough, a population of about 600 in Canford Magna is supplied by a private supply belonging to Canford School. The supply is taken from a steel-lined artesian borehole in the underlying chalk at Canford. The raw water, though hard, is of a very high standard of purity, but as a precaution, automatic chlorination is carried out before distribution. During 1948, 16 samples of the raw water were taken for bacteriological examination and all were "Class I". In addition, regular tests were made for residual chlorine in the distributing system. The quantity of water is ample for the supply of the area served.

In the rural part of the Canford area, outside the area of the piped supplies, there are 31 houses on small private supplies, i.e., springs and wells. This is a reduction of 21 on the number in 1947. During the year 19 samples were taken from these supplies for bacteriological examination. 14 were satisfactory (Class I) and 5 were unsatisfactory.

DRAINAGE AND SEWERAGE

During 1948, the sewerage of the Foxholes area was carried out. The number of houses in the area is 73, and 66 of these were re-drained and connected to the sewer before the end of the year, leaving 7 houses to be dealt with in 1949. This is the first unsewered area to be dealt with since work on sewerage schemes was stopped in 1939.

Plans and sections for the Private Street Works portion of the Creekmoor scheme are now in preparation and this work should be carried out in 1949. This will affect 29 houses. The main scheme was completed in 1939.

A scheme for the construction of new sewage disposal works at Hamworthy and for the sewerage of the western part of Hamworthy has been prepared by the Council's consulting engineers and will be submitted to the Ministry of Health in the near future.

The principal unsewered areas of the Borough are the development areas of Bearwood, Canford Magna, Merley and Waterloo in the semi-rural district taken over from the Poole Rural District in 1933, and it is to be regretted that in 15 years no progress has been made with the sewerage schemes for these areas. Most of the houses are provided with water closets and baths and drained to cesspools. Drainage conditions have been a constant source of anxiety ever since the district was taken over, but the potential danger to public health from the lack of sewers in these areas is a matter of the gravest concern and a risk which ought not to be carried any longer.

CLOSET ACCOMMODATION

There are 647 cesspools and 235 pail-closets in the Borough, distributed as follows :—

	Cesspools	Pail-closets
Canford (development areas) ...	277	65
Waterloo	81	27
Hamworthy	107	55
Creekmoor	28	28
Foxholes	3	4
Newtown and Parkstone ...	40	—
Broadstone	11	—
Isolated houses (Canford area) ...	100	56
	<hr/> 647 <hr/>	<hr/> 235 <hr/>

During 1948, 70 cesspool drainage systems and 3 pail closet systems were connected to the sewer and 11 new cesspools were constructed. The Council provides a full cesspool-emptying service for the unsewered areas of the Borough.

PUBLIC CLEANSING

These services are carried out by the Borough Engineer's Department under the direction of the Health Committee. I am indebted to the Borough Engineer for the following summarised figures applicable to the year ending 31st March, 1948 :—

House Refuse Collection and Disposal (Combined)

Net cost	£32,259
Tonnage collected	15,484 tons
Net cost per ton	£2.08
Net cost per 1,000 of population	£403.24
Net cost per 1,000 houses	£1404.33

RIVERS AND STREAMS

The Canford area contains a number of watercourses and streams which flow through unsewered development areas and then through dairy farm areas to the River Stour.

Whilst all known sources of direct pollution of streams have been cut out since the district was taken over in 1933, the existence of over 300 cesspools or septic tank drainage systems in this area, many of which are in very close proximity to watercourses and streams, forms a source of potential danger which will not be removed until the area is sewered.

In this area effluents from sewage disposal plants are permitted to discharge direct to streams only where the filtered effluents are effectively sterilised by automatic chlorination. During the year, 6 samples of such effluents were taken for bacteriological examination and all but one were satisfactory. 25 samples of river and stream waters receiving such effluents were also taken for bacteriological examination during the year as a check on sewage effluent pollution.

SANITARY INSPECTION OF THE AREA

The total number of visits and inspections made by the Sanitary Inspectors during the year was 14,220.

1,402 complaints were received and investigated.

A summary of the work of the Sanitary Inspectors during the year is given in the following Tabular Statement:—

SUMMARY OF SANITARY INSPECTORS' ANNUAL TABULAR STATEMENTS.

VISITS

Housing

Re Defects	...	...	...	...	...	3442
Overcrowding	...	...	...	...	...	318
Dirty or Verminous Houses	...	...	...	...	...	237

Drainage

Re Defects	...	...	...	...	...	1675
Surface Water, Ditches, Streams, etc.	...	...	...	...	...	439
Cesspools, Sewage Disposal Systems, etc.	...	...	...	...	...	507

Water Supply

...	199
-----	-----	-----	-----	-----	-----	-----

Refuse

...	189
-----	-----	-----	-----	-----	-----	-----

Infectious Disease

...	606
-----	-----	-----	-----	-----	-----	-----

Insect Pests, etc.

...	103
-----	-----	-----	-----	-----	-----	-----

Diseases of Animals

...	48
-----	-----	-----	-----	-----	-----	----

Food

Bakehouses	...	...	...	...	...	124
Slaughterhouses	...	...	...	...	...	578
Butchers' Shops	...	...	...	...	...	639
Fish Shops, etc.	...	...	...	...	...	400
General Food Shops and Premises	...	...	...	...	...	779
Restaurants, Kitchens, Food Prep. Premises, etc.	...	...	...	...	...	336
Ice Cream Premises	...	...	...	...	...	299
Cowsheds	...	...	...	...	...	96
Dairies and Milk Shops	...	...	...	...	...	264
Sampling	...	...	...	...	...	546
Other Visits	...	...	...	...	...	95

Shops (Section 10, Shops Act)	...	...	...	88
Factories ...	...	...	...	364
Work-Places, Offices, etc. ...	...	...	...	18
Other Premises				
Lodging Houses	...	...	...	26
Moveable Dwellings...	...	...	...	52
Schools	...	...	...	126
Swimming Pools, Baths and Washhouses	...	...	...	30
Places of Public Entertainment	...	...	...	15
Public Conveniences	...	...	...	295
Stables and Piggeries	...	...	...	221
Other Visits ...	...	...	...	694
Interviews ...	...	...	...	372
Total No. of Inspections and Visits	...	...	...	14220

WORK DONE

Housing

No. of houses inspected for housing defects	...	...	1335
No. of houses recorded under Housing Regulations	...	...	13
No. of houses requiring repair	...	...	1250
No. of houses repaired	...	...	1002

Drainage

Choked drains cleared	...	...	205
Drains altered, repaired or reconstructed	...	...	242
Drains tested	...	...	383
Certificate tests carried out	...	...	10
Cesspools repaired or reconstructed	...	...	9
Cesspool drainage connected to sewer	...	...	70

Disinfections, etc., carried out

Infectious diseases	...	...	245
Verminous premises	...	...	87
Insect pests, etc.	...	...	79

General

Refuse—Dust bins replaced or provided	...	...	111
Food Premises—No. where defects remedied	...	...	63
Other Premises—No. where defects remedied	...	...	291
Complaints investigated	...	...	1402

NOTICES

No. of informal Notices served	...	...	1840
No. of Informal Notices complied with	...	...	1678
No. of Statutory Notices served	...	...	96
No. of Statutory Notices complied with	...	...	57

SHOPS AND OFFICES

During the year 88 inspections of shops (other than food shops) were made under Section 10 of the Shops Act, 1934, and action was taken in respect of 31 shops to secure compliance with the provisions relating to temperature, ventilation, washing facilities or sanitary conveniences. 18 visits were paid to offices and in 10 instances action was taken in regard to the absence, insufficiency or defective condition of sanitary conveniences.

Owing to the shortage of staff and the number of hours spent on meat inspection duties in the Ministry of Food Slaughterhouse it has not been possible for the Sanitary Inspectors to carry out a systematic survey and inspection of shops (other than food shops), and offices, but where conditions requiring improvement have been met they have been dealt with.

CAMPING SITES

There are no licensed camping sites in the Borough and the only authorised sites in use during the year were the temporary camps of recognised youth organisations. Generally speaking, these presented no difficulties, but in one instance it was necessary for the Council to limit the use of the site to 42 days, and the maximum number of persons to 150.

The Council are still endeavouring to find a suitable site on which to permit controlled camping, but so far they have not been successful.

It was again necessary, in a number of instances, to take action under Section 269 of the Public Health Act, 1936, to prevent the use of unsuitable sites and premises for temporary housing accommodation. No dwellings were licensed for use as moveable dwellings during the year.

SMOKE ABATEMENT.

It has not yet been possible to re-introduce routine observations on factory chimneys, but in five instances action was taken to deal with smoke nuisances or grit emissions. In this sphere effective action is hampered and limited by the present difficulties with regard to fuel and replacement of boiler equipment.

SWIMMING BATHS AND POOLS

During the year two open-air sea-water swimming baths were available to the public.

The Corporation bath is at Seldown and a privately owned bath is at Lilliput. Both these baths are provided with efficient modern continuous action filtration and chlorination plants. During the

season 7 samples of the water were taken for bacteriological examination ; of these, 6 were Class I and 1 was Class II. In addition, a daily check of residual chlorine in the water was maintained by the baths staff and checked periodically by the Sanitary Inspectors.

SEA WATER BATHING

Poole Bay is a favourite resort for sea bathing. The sands extend for ten miles from Hengistbury Head in the east to Old Harry Rocks in the west, and provide the bathing beaches for the County Borough of Bournemouth and the Boroughs of Poole and Christchurch.

Nature has endowed this bay with every desirable amenity for sea bathing — abundant sands, a warm equable climate with shelter from the north-east winds, shallow water for the non-swimmer and, with the exception of a few clearly indicated danger points, long stretches of water free from dangerous currents for the experienced swimmer.

Into this natural aquatic playground no less than nine outfall sewers discharge the sewage of a population of a quarter of a million people, untreated except for disintegration and a modicum of chlorination. If these unwholesome discharges were eliminated or diverted for scientific treatment, Poole Bay would be not only the finest stretch of bathing beach in England, but aesthetically the most acceptable and hygienically the most salubrious.

Considerable attention is paid by the Ministry of Health and the Local Authorities to the protection of bathers using swimming pools and public baths and the standard of bacterial purity of these has been recommended, but as regards the bacterial purity of the sea-water on the bathing beaches around our shores, little or no attention has been paid.

A joint scheme by Bournemouth, Poole and Christchurch for this diversion of sewage from the Poole Bay and its scientific treatment was put forward before the war but has been in abeyance since owing to the cost involved.

DISINFESTATION.

During 1948, 237 visits were made to dirty or verminous houses. 50 houses (including 14 Council houses) were found to be infested with bed bugs and were disinfested. In all cases the disinfestation was carried out by the Public Health Department at the expense of the owners or occupiers. The standard method used was spraying with a 5 per cent. solution of D.D.T. in paraffin, but where a "quick kill" was necessary a standard proprietary insecticide of the Pyrethrum-D.D.T. type was used. These methods have been found to be satisfactory in practice, simple in operation, free from serious smell, and relatively cheap.

In order to prevent the spread of infestation to new Council houses, prospective tenants' rooms, bed furniture and bedding found to be verminous are disinfested by spraying, before the date of removal and again on the day of removal. Bedding found to be heavily infested is disinfested by steam or destroyed.

COMMON LODGING HOUSES.

There are two registered Common Lodging Houses in the Borough, both situated in the old part of the town, near the Quay. These can accommodate 49 men (27 and 22 respectively). They were inspected on 26 occasions during the year.

MOSQUITO CONTROL

In the Annual Report for 1946 some notes were given on the species of Mosquitoes found in the Borough and surrounding district and of the method of control adopted.

Since 1946 all potential breeding grounds have been kept under observation during the summer months and sprayed with a mixture of kerosene and heavy oil and one per cent. D.D.T. at intervals as found necessary. This has been found to be successful in controlling breeding in the potential breeding grounds dealt with.

During 1948, potential breeding grounds were kept under observation. 22 were found to be active breeding places at some time during the summer and were sprayed. Breeding was found to have recurred in nine places after the initial spraying, but did not recur after a second spraying. As in previous years, it was found the small ornamental ponds, rainwater tanks, water butts, etc., in private gardens provide the most numerous breeding places for mosquitoes, and are the most difficult to control, owing to lack of co-operation of occupiers. It is difficult to estimate the extent to which the harbour backwaters are breeding places, as large tracts of mudland are inaccessible and the largest areas are outside the Borough boundaries.

RODENT CONTROL.

Since 1944 the Council have provided a comprehensive service for the destruction of rats and mice on premises within the Borough. A full-time staff of one Rodent Officer and 3 Operatives is employed in this work, working on the methods laid down by the Infestation Division of the Ministry of Food.

During 1946 and 1947, a systematic survey was made of the whole area of the Borough under the Infestation Division's "Block Control" system. In 1948, the "Block Control" system was continued in conjunction with the investigation of complaints. When a complaint was investigated, a survey was made of the surrounding area and the whole area dealt with in one block.

A summary of the work done in rat destruction in 1948, is as follows :—

Total number of visits made by staff	...	...	...	14646
Total number of premises inspected—				
(a) On complaint	...	...	...	622
(b) On survey	...	...	...	9271
Total number of premises found infested—				
(a) On complaint	...	...	...	320
(b) On survey	...	...	...	307
Number of premises treated	...	...	...	676
Number of premises cleared	...	...	...	613
Number of premises re-treated and cleared	...	...	...	65
Number of pre-baits laid	...	...	...	11852
Number of poison baits laid	...	...	...	2755
Number of post-baits laid	...	...	...	1234
Number of instances where other methods used	...	...	...	24
Estimated number of rats destroyed	...	...	...	4278
Number of bodies of rats recovered	...	...	...	1515

Treatment was mainly baiting, but all methods of rat destruction were employed. The estimate of the number of rats destroyed is based on the Infestation Division's system of calculation, but the number of bodies recovered from the surface shows the figure to be a conservative one, as in the poison baiting system of destruction most of the rats die underground.

During the summer 10 per cent. of the sewer man holes in the Borough were test-baited without a single "take" being recorded.

55 premises were dealt with for mice infestations. Treatment was mainly by trapping and in most instances this was done by the occupiers of the premises themselves after instruction and advice by the Rodent Officer.

DISEASES OF ANIMALS

No outbreak of Foot and Mouth Disease occurred in the Borough during 1948, but outbreaks in adjoining areas in November brought the Borough under "infected area" restrictions for the remainder of the year. During this period 70 Movement Licences were issued.

During the year three offences under Restriction of Movement Orders or Regulations were reported, and the offenders cautioned. Two cases of Fowl Pest were notified.

There are about 110 piggeries in existence in the Borough, but owing to difficulties in obtaining feeding stuffs, a considerable number of these were not in use in 1948. 181 visits of inspection were made to these premises.

FACTORIES.

The number of factories registered is 419.

The number of inspections made during the year was 364.

Generally, no difficulty was experienced in dealing with nuisances found in factories, but the remedy of defects involving additional construction, such as the building or improvement of sanitary conveniences, continued to be difficult owing to delays in obtaining licences.

Particulars of the inspections of factories are set out in the table below :—

THE FACTORIES ACT, 1937.

Part I of the Act.

1. **Inspections** for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

<i>Premises</i>	<i>No. on Register</i>	<i>Number of :—</i>		
		<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
* (1) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities	134	142	12	—
† (2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	281	212	8	—
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	4	10	—	—
TOTAL	419	364	20	—

* — Factories in which no mechanical power is used.

† — Factories in which mechanical power is used.

2. Cases in which defects were found

(Defects discovered at premises on two, three or more separate occasions are reckoned as two, three or more "cases".)

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1.) ...	6	4	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	1	—	—	—	—
Ineffective drainage of floors (S.6)	3	1	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient ...	7	2	—	—	—
(b) Unsuitable or defective ...	34	16	—	2	—
(c) Not separate for sexes ...	3	2	—	—	—
Other offences against the Act (not including offences relating to out- work) ...	7	5	—	—	—
TOTAL ...	61	30	—	2	—

OUTWORKERS.

During the year lists containing the addresses of 95 outworkers were received. All were employed in the clothing trade. 64 of these were resident in the Borough and their homes were visited by the Sanitary Inspectors. In no instance was it found necessary to take any action with regard to unwholesome conditions. The names and addresses of 31 workers resident outside the Borough were forwarded to the Local Authorities concerned.

SCHOOLS

During 1948, 126 visits of inspection were made to schools by the Sanitary Inspectors. All sanitary conveniences were regularly inspected and any defects or lack of cleanliness attended to where found. The disinfection of classrooms and the whitewashing of conveniences is carried out at all schools during the holiday periods as a matter of routine.

During inspections particular attention was paid by the Sanitary Inspectors to the standard of hygiene in school kitchens and the attention of staff persistently drawn to the importance of cleanliness of the hands of persons handling food or food utensils,

Generally speaking, the sanitary circumstances of the schools in the Borough are satisfactory. All schools are provided with main water supplies ; washing facilities are fairly satisfactory and conveniences provided with modern pedestal wash-down water closets and reasonably satisfactory urinals.

SECTION D

HOUSING.

Number of Houses in occupation in the Borough.

The total number of dwelling houses occupied and void was 22,971. 235 houses were still under construction on 31st December, 1948.

Year	Over £22 R.V.		Under £22 R.V.		Total		Popula- tion	Persons per occupied House
	Occupied	Void	Occupied	Void	Occupied	Void		
1946	5425	49	16117	82	21542	131	76330	3.52
1947	5535	27	16805	64	22340	91	78720	3.53
1948	5596	59	17243	73	22839	132	80480	3.52

New House Construction

- | | | | | |
|--|-----|-----|-----|-----|
| 1. Total number of units of accommodation completed in 1948 | ... | ... | ... | 500 |
| New traditional houses and flats | ... | 455 | | |
| Conversions and adaptations(flats) | ... | 45 | | |
| 2. Houses and flats in above which form part of Municipal Schemes | ... | ... | | 420 |
| 3. Total number of units of accommodation under construction as at 31.12.48 | ... | | | 245 |
| New traditional houses | ... | 235 | | |
| Conversions and adaptations (flats) | ... | 10 | | |
| 4. Houses and flats in which form part of Municipal Schemes | ... | ... | ... | 168 |
| 5. Number of houses included in Municipal Schemes, approved, but not actually under construction at 31.12.48 | ... | ... | ... | 241 |

Re-housing

The number of applicants for housing accommodation on the Council's register on the 31st December, 1948, was 3,319.

The number of families re-housed during 1948 was 503 (465 into new houses and 38 into requisitioned premises).

Existing Housing Conditions

Housing is still the greatest problem confronting the Local Authority. In Poole there are two main aspects of this problem — overcrowding and slum clearance. Without a special survey it is difficult to assess the extent of the overcrowding in the Borough, but such information as is available indicates that it is still serious. Despite the re-housing of 503 families in 1948, the number of applicants on the Council's register for housing accommodation is only 96 less than in 1947.

The position with regard to slum clearance is equally unsatisfactory. In 1939, there were, mainly in Old Poole, some 660 unfit houses scheduled for demolition in the following five years. These houses were insanitary, unfit for habitation and incapable of being made fit, and many of them were beyond even temporary repair. A number of these houses are completely derelict, but most of them are still in occupation. The resumption of clearance work has become a matter of urgency and action cannot much longer be delayed without undue risk to the health of the occupants.

During 1948, action had to be taken with regard to a number of individual houses where conditions were particularly bad. Formal Demolition Orders were made in respect of 10 houses. 9 houses were demolished ; 3 in pursuance of Demolition Orders, and 6 voluntarily by the owners after the Council had rehoused the occupants. A further 8 houses were purchased by the Council for demolition, the occupants re-housed and the houses closed pending demolition. In a number of instances where occupants of unfit houses were re-housed by the Council, the owners were permitted to relet the houses to small families without children, after minimum repairs had been carried out.

Another housing problem is the general repair of working class houses. The lack of routine maintenance and repair work during the last ten years is becoming only too apparent in the dilapidated condition of rented houses. In deference to national policy and owing to the shortage of labour and materials and the high cost of work, only the abatement of urgent defects and nuisances has been attempted since the end of the war. It is, however, becoming increasingly apparent that if these houses are to be prevented from degenerating into the "unfit" class the resumption of routine housing repair work cannot be much longer deferred, and it is to be hoped that local authorities will receive some guidance in this matter at a not too distant date.

A summary of the housing work carried out by the Sanitary Inspectors is shewn in the following Table :

Housing Inspection.

1. Inspections of dwelling-houses during the year :—				
(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	1335
(b)	Number of inspections made for the purpose	...	...	3331
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932	...	...	13
(b)	Number of inspections made for the purpose	...	...	20
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	13
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	1250
2. Remedy of Defects during the Year without service of formal Notices :—				
	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	...	...	947
3. Action under Statutory Powers during the year :—				
(a)	Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—			
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	7
(2)	Number of dwelling-houses which were rendered fit after service of formal Notices :—			
(a)	By owners	...	...	6
(b)	By Local Authority in default of owners	...	...	Nil.
(b)	Proceedings under Public Health Acts :—			
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	83
(2)	Number of dwelling-houses in which defects were remedied after service of formal Notices :—			
(a)	By owners	...	...	44
(b)	By Local Authority in default of owners	...	...	5

- (c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—
- | | | | |
|---|-----|-----|----|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made | ... | ... | 10 |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders | ... | ... | 3 |
- (d) Proceedings under Section 12 of the Housing Act, 1936 :—
- | | | | | | | |
|---|-----|-----|-----|-----|-----|------|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | ... | ... | ... | ... | ... | Nil. |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | ... | ... | ... | ... | ... | Nil. |

SECTION E INSPECTION AND SUPERVISION OF FOOD.

Food Premises

The importance attached to the inspection of food premises in the Borough can be gauged from the fact that over 30 per cent. of all visits made by the Sanitary Inspectors in 1948 were made to food premises. In all, 4,156 such inspections were made ; details of the visits are shewn in the Table on page 35.

During these visits particular attention was paid to the standard of personal hygiene of the staff. The importance of the cleanliness of hands of persons actually engaged in the handling or preparation of food was continually stressed and "wash your hands" notices fixed in all lavatories, etc., drawing attention to this.

During the year a special effort was made to secure in food premises the provision of suitable washing facilities, including constant hot water, and most food premises in the Borough are now satisfactory in this respect.

Notices were served on the occupiers of 63 food premises where alterations or improvements were necessary to meet the requirements of section 13 of the Food and Drugs Act, 1938. This year there was some improvement in the position regarding materials and building licences for work on food premises.

During the year a number of cafes and restaurants, etc., were reconstructed or modernised. One difficulty continues to hamper the work of the Sanitary Inspectors in connection with these premises — the lack of adequate statutory power to enforce a standard of space, construction, fittings and hygiene compatible with the amount and type of food preparation work carried on. The powers contained in section 13 of the Food and Drugs Act, 1938, are insufficient for this purpose and nothing less than the compulsory registration of the kitchens of all cafes, restaurants, clubs and hotels, etc., supplemented by a statutory code of standard of premises, will provide the power necessary. In many of these premises the proportion of space allocated to the kitchen is totally inadequate and no improvement can be required under existing legislation.

Milk Supply.

Cowsheds, Dairies and Milk Shops

The number of Dairymen registered in the Borough is as follows :

Producers	...	...	...	36
Producer-Retailers	...	...	...	4
Wholesale Purveyors	...	...	...	1
Wholesale and Retail Purveyors	...	...	...	3
Retailers	.....	...	...	9
Retailers from outside Borough	...	...	...	5
Purveyors of bottled milk only	...	...	...	69

The number of registered premises in the Borough is as under :

Cowsheds	...	...	...	40
Creameries	...	...	...	1
Bottled Milk Depots	...	...	...	10
Dairies	...	...	...	14
Shops selling sealed bottled milk only	...	...	...	69

The number of inspections of these premises made during the year was :

Cowsheds	...	...	...	96
Dairies and Milk Shops	...	...	...	264

The Milk (Special Designations) Orders

The following licences have been granted :

Pasteurised Milk—				
Pasteuriser's licence	...	...	...	1
Dealers' licences	...	...	...	22
Tuberculin Tested Milk—				
Bottlers' licences	...	...	...	2
Dealers' licences	...	...	...	6
Supplementary licences	...	...	...	2

Bacteriological Examinations

The supervision of production and distribution of milk in the Borough is carried out by the inspection of premises, the checking of methods and the bacteriological examination of the milk. Since the extension of the National Milk Testing Scheme to all producers in the Borough, routine sampling for bacteriological examination has been discontinued at cowsheds in order to prevent overlapping, and routine sampling concentrated on retail and designated milks.

During the year, 251 samples of milk were taken for bacteriological examination, as follows :

Pasteurised Milk

93 samples were taken and all were satisfactory to the Phosphatase and Methylene Blue test.

Heat Treated Milk

41 samples were taken. All were satisfactory to the Methylene Blue tests and all but one were satisfactory to the Phosphatase test.

Tuberculin Tested Milk

47 samples were taken. All were satisfactory to the Coliform test but 12 were unsatisfactory to the Methylene Blue test.

Non-Graded Milk

70 samples were taken ; 15 of these were unsatisfactory to the Methylene Blue test.

These results show the outstanding superior keeping qualities of milk which has been properly pasteurised or adequately heat-treated. In this respect raw Tuberculin Tested milk was as unsatisfactory as raw ungraded milk.

12 samples of raw milk were taken for biological tests for presence of Tubercle bacilli and Br.Abortus. All were negative to Tubercle but Br.Abortus was found in one sample.

Pasteurisation

An average weekly sale of milk in the Borough is about 45,000 gallons. Of this, about 41,000 gallons, or approximately 91 per cent., are pasteurised or heat-treated.

The policy of the Council has been to secure that all milk sold in the Borough is pasteurised and sold as such and every effort has been made to secure compulsory powers for that purpose, but so far without success. Pending national legislation in this matter strenuous endeavours have been made to persuade local dairymen to adopt pasteurisation and with some success. One new pasteurisation plant was licensed in 1948, another is in process of being installed and a third plant is on order and should be installed in 1949.

Ice Cream.

There are 143 premises in the Borough registered for the manufacture or sale of ice-cream. These are :—

Premises registered for manufacture ...	13
Premises registered for retail sale ...	41
Premises registered for retail sale of pre-packed ice cream only ...	89

Owing to the shortage of supplies few of the sellers registered for sale of pre-packed ice-cream were able to operate during the year. The shortage of pre-packed ice-cream is particularly unfortunate when every effort is being made to persuade street traders to adopt the pre-packed method of sale.

When the ice-cream (Heat Treatment, etc.) Regulations, 1947, came into force a "Provisional Standard of Fitness of Premises for the Manufacture or Sale of Ice Cream" was prepared in consultation with the ice-cream trade and this code was adopted by the Council as the standard for premises for registration. The introduction of this code has already resulted in an immense improvement in the standard of premises, equipment and methods and all premises

now registered comply with this standard or are being altered to comply with it. New premises are required to comply with the standard before registration.

Effective supervision of this section of the food industry is still hampered by the exclusion of cafes, restaurants, hotels and clubs from the registration provisions of Section 14 of the Food and Drugs Act, 1938, from the lack of control over street traders and from the absence of a standard for ice-cream.

During the year, 127 samples of ice-cream were taken for bacteriological examination. The results of these examinations are set out in the table below. The test used is the methylene blue reduction test recommended by the Public Health Laboratory Service. Grades I and II are considered satisfactory and Grade IV unsatisfactory.

Type	No. taken	Grade I	Grade II	Grade III	Grade IV	Percentage unsatisfactory
Bulk ice-cream from manufacturers	50	21	19	5	5	10%
Bulk ice-cream from retailers	75	36	18	10	11	14.7%
Pre-packed ice-cream from retailers	2	2	—	—	—	Nil
Total	127	59	37	15	16	12.6%

In 1947, 109 samples were taken, of which 30, i.e., 27.5 per cent, were considered as unsatisfactory on a total bacteria count and B.Coli test. Thus there is an improvement of over 50 per cent. in the number of unsatisfactory samples in 1948 compared with the previous year. The position with regard to manufacture is fairly satisfactory and should improve as new equipment is completed. With regard to retailers, investigations prove that unsatisfactory samples are mainly due to bad methods of dealing with servers on counters, and therefore particular attention has been paid to instructing retailers in hygienic methods of dealing with ice-cream servers, etc.

In view of the prohibition on the use of milk or milk products and fats for manufacture, the shortage of substitute materials and the absence of any standard for ice-cream, no samples of ice-cream were taken for analysis under the Food and Drugs Act.

The Public Health Laboratory, Poole, (Director, G. J. C. King, M.B., B.Ch.) was one of the four centres at which observations were made during 1948 by the Sub-Committee appointed by the Medical Research Council to enquire into tests for the bacteriological grading of ice-cream.

INSPECTION OF MEAT.

Slaughterhouses and Butchers' Premises

Under the centralisation of slaughtering scheme most of the slaughtering for the area within a fifteen mile radius of Poole is concentrated in the Ministry of Food Slaughterhouse at Poole. During the year, 578 spells of duty were carried out by the Sanitary Inspectors, during which every one of the 10,359 animals slaughtered was inspected at the time of slaughter and a detailed examination of the carcase and offal made. This continuous inspection duty placed a severe strain on the inspectorial staff, which was increased by the congested conditions under which most of the work of inspection had to be carried out. Representations were made to the Ministry of Food on this subject on several occasions during the year but so far without results. Until this slaughterhouse is enlarged to a size adequate for the amount of slaughtering carried on, meat inspection will continue to be an extremely difficult and hazardous task.

In addition to slaughterhouse duties, 639 visits were made to butchers' shops for the inspection of meat and premises.

Particulars of the inspections of carcases and offals at the slaughterhouse are given in the following tables :—

Carcases Inspected and Condemned during the year 1948.

	<i>Cattle excluding cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	2733	1874	2442	2594	716
Number Inspected	2733	1874	2442	2594	716
All diseases except Tuberculosis— Whole carcases condemned	7	22	20	1	6
Carcases of which some part or organ was condemned ...	971	808	29	574	73
Percentage of the number inspected affected with dis- ease other than Tuberculosis	35.8	44.3	2.0	22.2	11.0
Tuberculosis only— Whole carcases condemned ...	19	57	8	—	2
Carcases of which some part or organ was condemned ...	566	578	6	—	48
Percentage of the number in- spected affected with Tuber- culosis	21.4	33.9	0.6	—	7.0

Meat Condemned.

<i>Meat</i>	<i>Tuberculosis</i>	<i>Other Diseases</i>	<i>Total Weight</i>
Beef	53,997 lbs.	17,698 lbs.	71,695 lbs.
Veal	394 „	798 „	1,192 „
Mutton	15 „	53 „	68 „
Pork	931 „	1,421 „	2,352 „
Offal	39,912 „	37,509 „	77,421 „
Total	95,249 lbs.	57,479 lbs.	152,728 lbs.

In addition 990 lbs. of imported beef and 784 lbs. of imported corned beef and mutton were condemned as unsound in butchers' shops. Thus the total weight of meat and edible offal condemned in 1948 was 68 tons, 19 cwts, 1 qrs., 26 lbs.

Inspection of Other Foods

Arising from the inspection of food in retail shops, etc., 14 tons, 18 cwts., 1 qr. and 27 lbs. of foodstuffs (other than meat) were condemned and surrendered for destruction or salvage for animal feeding stuffs. These comprised :—

Bacon	...	...	...	...	175 lbs.
Poultry, Rabbits, etc.	...	...	...	...	20 lbs.
Sausages and Meat Products	...	...	...	...	1052 lbs.
Fish	...	...	...	...	10,154 lbs.
Fats (Butter, Margarine, etc.)	...	...	...	...	532 lbs.
Cheese	...	...	...	...	43 lbs.
Potatoes	...	...	...	...	2,800 lbs.
Vegetables	...	...	...	...	15,155 lbs.
Fruit	...	...	...	...	276 lbs.
Dried Fruit	...	...	...	...	152 lbs.
Cakes, Biscuits, etc.	...	...	...	...	87 lbs.
Flour and Cereals	...	...	...	...	799 lbs.
Jams and Preserves	...	...	...	...	178 lbs.
Confectionery	...	...	...	...	49 lbs.
Other Foods	...	...	...	...	443 lbs.
Tinned Foodstuffs	...	...	...	...	2,727 tins
Eggs	...	...	...	...	745
					<hr/>
					33,403 lbs.

The total weight of all food (including meat and edible offal) condemned in 1948 was 83 tons, 17 cwt., 2 qrs. and 25 lbs.

Chemical and Bacteriological Examination of Food.

Analyses of samples of foods and drugs taken under the Food and Drugs Act, are carried out by the Public Analysts for the Borough, Dr. R. P. Charles, M.D., F.R.I.C., of the Southern Counties Laboratories, Bournemouth, and Mr. A. S. Carlos, B.Sc., F.R.I.C., Bournemouth, who also carry out any chemical examinations of food, water, etc., required by the Public Health Department.

A laboratory of the Public Health Laboratory Service is established in the Municipal Buildings, Poole, and all bacteriological examinations of foods required are carried out there. The facilities for examinations being so readily available, every use is made by the Sanitary Inspectors of these aids in their work in food inspection. Examinations carried out by the Laboratory include :—

Routine bacteriological examinations of milk, ice-cream, soft drinks, shell-fish, etc.

Special examinations of foods for specific pathogenic organisms. Phosphatase, Methylene Blue and biological tests of milk samples. Churn and bottle rinses.

Microscopical examinations of specimens from slaughter-house for identification of diseases in meat inspection.

Microscopical examinations of cereals, etc., for mites, etc.

In all 839 samples and specimens were submitted during the year by the sanitary inspectors for bacteriological or microscopical examination.

Food and Drugs Adulteration.

304 samples of foods and drugs were taken under the Food and Drugs Act, 1938, by the Sanitary inspectors and set to the Public Analysts for analysis.

The Table on pages 57, 58, and 59 gives a summary of the samples taken, the results of analyses and notes of any action taken in respect of adulterated samples.

The Reports of the Public Analysts for the Borough are appended :

R. Pendrill Charles, M.D., F.R.I.C. :

“ During the year ending the 31st December, 1948, 249 samples were submitted under the Food and Drugs Act, 1938. Of these 31 were formal samples and 218 were informal samples. 1 formal and 8 informal samples were adulterated, representing a percentage adulteration of 3.6. This figure shows a decrease when compared with the figure for 1947 (4.3 per cent.).

" Of the samples of Milk submitted, 27 were formal and 42 were informal, a total of 69 samples, of which 1 formal and 4 informal were adulterated. The formal adulterated sample was deficient in fat to the extent of 5.0 per cent., and of the informal adulterated samples 2 contained extraneous water to the extent of 1.8 and 2.0 per cent. respectively, and the other 2 were deficient in fat to the extent of 2.0 and 10.0 per cent. respectively. 1 formal sample was genuine but abnormal, having 8.4 per cent. of non-fatty solids. The average composition of the remaining genuine samples was Fat 3.5 per cent. and Non-fatty Solids 8.8 per cent., which is very satisfactory.

" 18 informal samples of various Pastes were examined. They were found to be genuine and of good quality and free from preservatives.

" 2 informal samples of Table Dessert were submitted and 1 was found to be adulterated, being infested with active meal mites, their own ova and dead meal mites.

" 3 formal samples of Bitter Beer and 1 formal sample of Mild Beer were submitted and were found to be genuine and free from preservatives.

" 1 informal sample of Caramel Cake Mixture was examined and was found to be infested with active meal mites, their ova and dead meal mites.

" 1 informal sample of Semolina Pudding Mixture was submitted and was found to be adulterated, being infested with active meal mites, their ova and dead meal mites.

" 2 informal samples of Oatmeal were submitted, 1 of which was adulterated, being heavily infested with active meal mites, their ova and dead meal mites.

" 54 informal samples of Drugs were examined and were found to comply with the requirements of the British Pharmacopoeia.

" All the other samples were genuine and of good quality.

" R. PENDRILL CHARLES, M.D., F.R.I.C."

Mr. A. S. Carlos, B.Sc., F.R.I.C. :

" During the year ending December 31st, 1948, I received for analysis 55 samples taken under the Food and Drugs Act, 1938. Of these, 48 were genuine and 7 adulterated, showing a percentage adulteration of 12.7

" 2 of the adulterated samples were formal and consisted of Beef Sausage Meat. In each case there was a deficiency of meat, amounting to 20 per cent. in the case of sample No. A/24, and 40 per cent. in the case of A/25.

“The remaining adulterated samples were Drugs, and all informal. 1 Zinc Ointment (A/9) was deficient in zinc oxide to the extent of 0.7 per cent., and 3 Boracic Ointments were deficient in Boric Acid to the extent of 13, 1 and 7 per cent. respectively. In the case of all these Drugs, the British Pharmacopoeia 1932, which was operative at that time, did not specify any limits to be allowed for dispensing errors. In October, 1948, a new edition of the British Pharmacopoeia was issued which specifies limits to be allowed in all such cases.

“The other adulterated sample was Tartaric Acid No. A/65, which contained none of this substance, but consisted of 100 per cent. Cream of Tartar. This was probably a case of mis-labelling the article, which, considering the nature and use of this drug would not cause harmful results, but, nevertheless, such mis-labelling could lead to serious consequences in the case of other drugs.

“The average composition of the 8 samples of milk examined by me was very satisfactory and amounted to :

Milk fat	...	...	...	3.41 per cent.
Solids not fat	...	...	...	8.85 per cent.

“A sample of Raspberry Flavouring (No. A/42) was found to possess a very bitter taste. This was due to Propyl Alcohol being used as a substitute for Ethyl Alcohol, a practice which has become common since the war.

“The remainder of the samples were all genuine and of good quality.

“ARTHUR S. CARLOS, *Public Analyst.*”

Samples taken for analysis under the Food and Drugs Act.

	Formal	Informal	Total	Genuine	Adulterated	Vendor cautioned	Vendor Prosecuted
Foods							
Apple Juice	—	1	1	1	—	—	—
Baking Powder	—	4	4	4	—	—	—
Barley Crystals	—	1	1	1	—	—	—
Beef, Corned	—	2	2	2	—	—	—
Beer, Bitter	6	—	6	6	—	—	—
Beer, Mild	1	—	1	1	—	—	—
Bun Flour Powder	—	1	1	1	—	—	—
Butter	2	2	4	4	—	—	—
Cake Mixture	—	2	2	1	1	—	—*
Cheese	2	—	2	2	—	—	—
Choco Spread, Malt	—	1	1	1	—	—	—
Cloves	—	2	2	2	—	—	—
Cocoa	—	4	4	4	—	—	—
Coffee and Chicory Essence	—	4	4	4	—	—	—
Cooking Fat	1	1	2	2	—	—	—
Cordials	1	1	2	2	—	—	—
Curry Powder	1	3	4	4	—	—	—
Custard Powder	—	4	4	4	—	—	—
Dessert, Table	—	2	2	1	1	—	—*
Dried Herbs	—	1	1	1	—	—	—
Egg Substitute Powder	—	1	1	1	—	—	—
Fish Cake	—	1	1	1	—	—	—
Flavourings	—	4	4	4	—	—	—
Gelatine	—	3	3	3	—	—	—
Ginger	—	2	2	2	—	—	—
Golden Raising Powder	—	1	1	1	—	—	—
Herbs, Mixed	—	2	2	2	—	—	—
Jam, Raspberry	—	2	2	2	—	—	—
Junket	—	1	1	1	—	—	—
Malt Cup	—	1	1	1	—	—	—
Margarine	1	3	4	4	—	—	—
Milk	34	43	77	72	5	1	— ⁺
Mixed Spice	—	3	3	3	—	—	—
Mustard	—	4	4	4	—	—	—
Mutton, Corned	—	1	1	1	—	—	—
Noodles, Cereoca	—	1	1	1	—	—	—
Nutmeg, Ground	—	1	1	1	—	—	—
Oatmeal	—	2	2	1	1	—	—
Parsley	—	1	1	1	—	—	—
Paste, Almond	—	1	1	1	—	—	—
Paste, Beef Meat	—	1	1	1	—	—	—
Paste, Fish (various)	—	17	17	17	—	—	—
Pate de Foie	—	1	1	1	—	—	—
Pepper, Black	—	1	1	1	—	—	—
Pepper, White	—	3	3	3	—	—	—
Piccalilli	—	1	1	1	—	—	—
Pickles	—	1	1	1	—	—	—

Samples taken for analysis under the Food and Drugs Act—contd

	Formal	Informal	Total	Genuine	Adulterated	Vendor Cautioned	Vendor prosecuted
Foods							
Potato Powder	—	1	1	1	—	—	—
Pudding Mixture	—	5	5	4	1	—	—*
Rum	—	1	1	1	—	—	—
Sage	—	1	1	1	—	—	—
Sago	—	2	2	2	—	—	—
Sauce	—	7	7	7	—	—	—
Sausage Meat, Pork	—	1	1	1	—	—	—
Sausage Meat, Beef	2	—	2	—	2	2	—
Semolina	—	3	3	3	—	—	—
Soup Powder	—	4	4	4	—	—	—
Soya Flour	—	1	1	1	—	—	—
Spice, Ground Mixed	—	1	1	1	—	—	—
Spices, Pickling	—	1	1	1	—	—	—
Sponge Mixture	—	1	1	1	—	—	—
Spread, Bloater	—	1	1	1	—	—	—
Spread, Tomato Dainty	—	1	1	1	—	—	—
Stuffing, Sage and Onion	—	1	1	1	—	—	—
Suet, Shredded	—	1	1	1	—	—	—
Sugar	2	—	2	2	—	—	—
Sultanas	2	—	2	2	—	—	—
Sweetening Tablets	—	1	1	1	—	—	—
Tea	2	—	2	2	—	—	—
Tomato Juice	—	1	1	1	—	—	—
Tonic Water	—	1	1	1	—	—	—
Vinegar	1	4	5	5	—	—	—
Drugs							
Aspirin Tablets	—	3	3	3	—	—	—
Boracic Acid Powder	—	1	1	1	—	—	—
Boracic Ointment	—	4	4	1	3	3	—
Boracic Powder	—	4	4	4	—	—	—
Borax	—	3	3	3	—	—	—
Borax and Honey	—	1	1	1	—	—	—
Boric Acid	—	1	1	1	—	—	—
Boric Acid Ointment	—	1	1	1	—	—	—
Camphorated Oil	—	1	1	1	—	—	—
Castor Oil	—	5	5	5	—	—	—
Cod Liver Oil	—	1	1	1	—	—	—
Cream of Tartar	—	1	1	1	—	—	—
Epsom Salts	—	4	4	4	—	—	—
Eucalyptus, Oil of	—	1	1	1	—	—	—
Figs, Syrup of	—	2	2	2	—	—	—
Friars Balsam	—	2	2	2	—	—	—
Fullers Earth	—	1	1	1	—	—	—
Glauber Salts	—	3	3	3	—	—	—
Gregory Powder	—	2	2	2	—	—	—

Samples taken for analysis under the Food and Drugs Act—contd.

	<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Genuine</i>	<i>Adulterated</i>	<i>Vendor Cautioned</i>	<i>Vendor prosecuted</i>
Drugs							
Liquorice Powder	—	2	2	2	—	—	—
Olive Oil	—	2	2	2	—	—	—
Seidlitz Powder	—	1	1	1	—	—	—
Soda, Bicarbonate of	—	9	9	9	—	—	—
Stomach Powder (Macleans) ...	—	1	1	1	—	—	—
Sulphur Ointment	—	4	4	4	—	—	—
Tartaric Acid	—	1	1	—	1	—	—
Zinc Ointment	—	6	6	5	1	—	—
TOTAL	58	246	304	288	16	8	—

* Four informal samples of cereals mite-infested ; remainder of stock withdrawn.

† Four informal samples of milk adulterated ; no action taken as formal " follow-up " samples genuine.

SECTION F

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

It is the function of the Medical Officer of Health of a County District to enquire into and advise his Authority on the adequacy of the arrangements in the district for the isolation and treatment of infectious diseases. He is also responsible for the investigation and control of outbreaks of infectious disease in his district. As Area Medical Officer of the Local Health Authority under the National Health Service Act he *may* have responsibilities in making arrangements for the prevention of illness and the care of persons suffering from illness, under section 28.

Under this Act, on the 5th July, 1948, the Borough Infectious Diseases Hospital passed to the South West Metropolitan Regional Hospital Board, and the Medical Officer of Health of Poole *as such* was no longer responsible for the administration of the Hospital or the treatment of the patients admitted. The administration of Alderney Hospital consequently became the responsibility of the Bournemouth and East Dorset Hospital Management Committee, and the treatment of the patients the responsibility of the visiting physicians.

At the request of the Regional Hospital Board, the Medical Officer of Health and the Deputy Medical Officer continued from the 5th July, 1948, to carry out clinical duties at the Hospital as visiting physicians pending the appointment of specialists in infectious diseases. It has thus been possible for these medical officers to maintain their specialised clinical interest in this work, to the mutual advantage of the borough and the hospital.

Poliomyelitis

The outbreak of poliomyelitis which swept the country in the latter half of 1947 had subsided by 1948, and only 4 cases were notified during this year.

Measles

The incidence of this disease was lower in 1948 than in 1947. There were 528 cases notified, and no deaths occurred.

Whooping Cough

This disease was more prevalent than in 1947. There were 481 cases and no deaths. 17 cases presenting complications were admitted to hospital.

Towards the end of the year, at the request of the Public Health Laboratory Service of the Medical Research Council a scientifically controlled scheme of immunisation against whooping cough for

children between the ages of 6 and 18 months began. The object is to test the efficiency of three different vaccines. One whole-time health visitor is employed by the Medical Research Council in the monthly follow-up of all cases immunised. The results of the investigation will be published in due course.

Streptococcal Fever (Scarlet Fever)

106 cases were notified, of whom 66 were admitted to hospital. Of recent years this disease has become very mild in type, with few complications. In 1948 there were no deaths. The admission of all cases of scarlet fever is not encouraged, but where it is found that the facilities for home isolation are unsatisfactory, or where the case is associated with the distribution of food or milk, admission is arranged.

The term "scarlet fever" is very misleading, both to the medical profession and to the public. The use of such a term as "streptococcal fever" should be helpful. It is manifestly absurd to notify as an infectious disease a child with a streptococcal tonsillitis and a rash, and not to notify the mother, the primary case, who has a streptococcal sore throat of the same strain but has no rash.

Diphtheria

One case of diphtheria was notified in 1948. No deaths occurred. The incidence of this disease and its death rate since 1907 are shown on next page.

Year	Notification	Deaths	Year	Notification	Deaths
1907	1.50	.58	1928	.85	.02
1908	1.39	.24	1929	4.25	.26
1909	.89	.19	1930	3.38	.15
1910	2.07	.19	1931	1.55	.06
1911	1.25	.23	1932	.94	.02
1912	1.70	.47	1933	.19	.02
1913	1.21	.28	1934	.13	—
1914	1.57	.17	1935	.27	.04
1915	.77	.12	1936	.29	.05
1916	1.06	.12	1937	.16	.03
1917	1.06	.18	1938	.16	—
1918	1.11	.17	1939	.40	.04
1919	1.87	.10	1940	.56	—
1920	3.25	.02	1941	.18	.06
1921	1.52	.08	1942	1.06	.13
1922	.60	.05	1943	.60	.13
1923	.11	—	1944	.61	.03
1924	.46	.03	1945	.15	.01
1925	.76	.05	1946	.10	.02
1926	.26	—	1947	.06	—
1927	.04	—	1948	.001	—

The progressive decline in incidence and deaths is attributed to active immunisation, which was started towards the end of 1929 when an epidemic was well under way.

During 1948, 1,069 children under 15 were immunised, the prophylactic used being alum precipitated toxoid in two doses at a month's interval. Of these children, 893 were under 5, and 176 were between 5 and 15. A further 1,633, who had been immunised several years previously, were given a reinforcing dose to raise the level of their immunity. At the end of 1948 it was estimated that 64.0 per cent. of pre-school children and 91.4 per cent. of school children had been immunised.

Tuberculosis

Up to the 5th July, the Medical Officer of Health of the County Council was responsible for the supervision of the Tuberculosis Scheme in the county. This, however, did not affect the powers and duties conferred and imposed on the Medical Officer of Health of a county district by the Tuberculosis Regulations. From the 5th July the treatment of tuberculosis became the responsibility of the Regional Hospital Board, but the prevention and control remain the responsibility of the County Medical Officer and County District Medical Officers.

The disease has shown an increased incidence throughout the country during the war and post-war years. The housing shortage with its unavoidable overcrowding and the shortage of hospital beds for highly infective and incurable cases have been the main contributing factors in the increased incidence. Because tuberculosis, unlike the majority of the infectious diseases, is a slow infection which may not declare itself in an acute form for several years after the initial infection, there is a certain complacency in dealing with it as a preventable infectious disease. When the community has been taught that tuberculosis is an infectious disease which is preventable, an educated public opinion will insist that a greater effort to secure its prevention is made.

	First Notifications		Formerly notified new residents		Deaths	
	Pulmonary	Other Forms	Pulmonary	Other Forms	Pulmonary	Other Forms
1925	59	18	12	1	33	6
1930	61	14	3	1	48	6
1935	47	14	12	—	52	3
1940	47	13	15	—	39	11
1941	53	10	14	—	42	5
1942	55	10	8	1	38	4
1943	55	17	12	1	34	2
1944	73	27	20	2	45	6
1945	49	11	27	2	37	5
1946	65	11	31	6	47	8
1947	87	11	37	2	40	3
1948	56	11	20	5	35	3

For the year under review, the details are as follows :—

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-	—	—	—	—	—	—	—	—
1-	—	1	1	—	—	—	—	—
5-	1	4	1	1	—	1	—	2
15-	9	7	4	1	4	1	—	—
25-	5	8	1	1	4	4	—	—
35-	5	4	1	—	5	2	1	—
45-	3	—	—	—	4	1	—	—
55-	—	5	—	—	3	1	—	—
65 & upwards	3	1	—	—	4	1	—	—
Totals	26	30	8	3	24	11	1	2

Of the deaths from the respiratory form :—

11 had been notified during 1948	2 had been notified during 1942
5 " " " " 1947	1 " " " " 1940
4 " " " " 1945	3 " " " " 1939
5 " " " " 1944	1 " " " " 1938
2 " " " " 1943	1 " " " " 1930

Of the 3 non-pulmonary deaths, two were due to tuberculosis of the spine and one to tuberculous meningitis

Venereal Diseases

Facilities for the treatment of patients in the Borough and for merchant seamen in the Port are available as follows :—

At the Cornelia	}	Tuesday—Women, 5 p.m.
Hospital, Poole		Friday—Men, 5 p.m.
At the Royal Victoria	}	Wednesday and Saturday—
Hospital,		Women, 2.30-3.30 p.m.
Boscombe	}	Men, 4.0-5.0 p.m.

Details regarding the number of patients and the types of disease treated are recorded in the Annual Report of the County Medical Officer of Health, Dorset.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1948

Disease	Number of Cases											At all ages	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	65 years and over
Measles	528	17	68	61	72	78	213	10	3	3	1	—	2
Whooping Cough	481	42	48	54	63	78	177	9	4	5	—	—	1
Scarlet Fever	106	—	—	2	7	3	53	23	9	6	—	—	—
Tuberculosis	67	—	—	—	—	—	4	3	11	25	10	8	—
Scabies	65	—	5	—	3	—	17	11	2	17	—	4	—
Pneumonia	42	2	1	2	1	2	6	5	2	3	5	2	—
Puerperal Pyrexia	23	—	—	—	—	—	—	—	4	16	3	7	—
Erysipelas	22	—	—	—	—	—	—	—	1	3	4	—	—
Poliomyelitis	4	—	—	—	—	2	1	—	—	—	—	—	—
Ophth. Neonatorum	4	4	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	3	—	—	—	1	—	—	1	—	—	—	—	—
Dysentery	3	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid	2	—	—	—	—	—	—	—	—	—	—	—	—
Undulant Fever	1	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
												1353	65	124	121	148	164	472	63	36	83	26	32	19

Cases admitted to Alderney Infectious Diseases Hospital 1948

	1.1.48 to 4.7.48 Inc.			5.7.48 to 31.12.48 Inc.			GRAND TOTAL
	Poole Borough	Outside Districts	TOTAL	Poole Borough	Outside Districts	TOTAL	
Abortion	—	—	—	1	—	1	1
Anterior Poliomyelitis ...	1	1	2	4	5	9	11
Appendicitis	—	1	1	1	—	1	2
Aseptic Meningitis	—	—	—	1	—	1	1
Broncho-Pneumonia	1	1	2	—	1	1	3
Broncho-Pneumonia, Whooping Cough and Measles	1	—	1	—	—	—	1
Cellulitis	1	—	1	—	—	—	1
Cerebral Haemorrhage	—	—	—	—	1	1	1
Cerebro-Spinal Fever	3	—	3	2	1	3	6
Chickenpox	—	3	3	1	—	1	4
Diabetes Mellitus	—	1	1	—	—	—	1
Diphtheria	1	—	1	—	1	1	2
Diphtheria Carrier	—	—	—	1	—	1	1
Dysentery	2	1	3	1	2	3	6
Encephalitis	1	—	1	—	—	—	1
Erysipelas	3	—	3	2	—	2	5
Gastro-Enteritis	2	3	5	3	—	3	8
Glandular Fever	—	—	—	1	—	1	1
Influenza	1	—	1	—	—	—	1
Lobar Pneumonia	1	—	1	—	—	—	1
Measles	7	2	9	2	2	4	13
Measles & Broncho-Pneumonia	4	—	4	1	—	1	5
Meningitis, Tubercular... ..	—	—	—	1	1	2	2
Mumps	1	1	2	1	—	1	3
Paratyphoid Carrier	—	1	1	—	—	—	1
Puerperal Pyrexia	3	—	3	4	1	5	8
Babies accompanying mothers	3	—	3	3	1	4	7
Rubella	4	—	4	—	—	—	—
Scarlet Fever	42	21	63	24	6	30	93
Scabies	2	—	2	—	—	—	2
Other Skin conditions	1	—	1	1	—	1	2
Sub-Maxillary Abscess... ..	—	—	—	—	1	1	1
Tonsillitis	3	1	4	6	3	9	13
Typhoid	1	—	1	1	1	2	3
Tuberculosis (pulmonary) ...	1	—	1	—	—	—	1
Whooping Cough	8	1	9	3	2	5	14
Whooping Cough and Coeliac Disease	—	—	—	—	1	1	1
Whooping Cough and Pneumonia	1	—	1	3	2	5	6
Whooping Cough and Osteomyelitis	1	—	1	—	—	—	1
Observation	2	—	2	1	1	2	4
	103	38	141	70	33	103	244

BOROUGH OF POOLE



ANNUAL REPORT

of the

Port Medical Officer

On the Health of the Port of Poole

FOR THE YEAR

1948

PART II

HEALTH COMMITTEE, 1948 (acting as the Port Health Authority)

Chairman :

Alderman D. A. HAYNES, J.P.

Vice-Chairman :

Councillor F. V. CRAWSHAW

Aldermen :

F. J. BACON, J.P.

S. D. BALLAM

J. BRIGHT, J.P.

Councillors :

F. BRASINGTON

W. H. COLE

A. B. HAYNES, J.P.

E. A. R. HEBLEY

Mrs. E. M. HICKINSON, J.P.

H. H. ILETT

Miss M. M. LLEWELLIN, J.P.

C. M. NORMAN

J. W. RUSSELL, J.P.

OFFICERS OF THE AUTHORITY

Clerk to the Port Health Authority :

WILSON KENYON, Town Clerk

Medical Officer of Health :

GEORGE CHESNEY, M.D., D.P.H.

Deputy Medical Officer of Health :

JAMES A. SINCLAIR, M.B., D.P.H.

Port Health Inspector :

ROBERT LEGGAT, F.S.I.A.

Deputy Port Health Inspector :

C. A. TRIM, Cert. R.S.I.

Office Clerk :

Miss E. I. TAPPER

Rodent Officer :

G. W. SKEGGS

PREFACE

To the Chairman and Members of the Health Committee, acting as the Port Health Authority.

I submit for your information and consideration my Report for the year 1948. It is made in accordance with the regulations of the Ministry of Health, which prescribe the duties of the Medical Officer of Health, and with Ministry of Health Memorandum 302/S.A. dated December, 1946, and Circular 164/48, dated 15th October, 1948.

Constitution of the Port Health Authority

The Port was permanently constituted a Port Sanitary Authority by an order of the Local Government Board dated 21st September, 1887, and an amending order dated 27th February, 1909.

The Port Health Authority is the Mayor, Aldermen and Burgesses of the Borough, acting by the Council.

Ancient Limits of Jurisdiction, 1365-1609

On the 26th April, 1365, the Barons of Winchelsey sent to the Mayor and Burgesses of Poole the Winchelsey Certificate which clearly defined the maritime jurisdiction of the port which was known in those days as "the Haven of the Pole".

Bernard Short, the Borough Librarian, records : "It is clear to all who read this certificate that the people of Poole, in those early days, were keenly alive to their privileges. From time immemorial, down to the passing of the Municipal Corporations Act in 1835, Poole had always been favoured with an exempt admiralty jurisdiction, the Mayor being Admiral of the Port and President of the Admiralty Court."

In the "booke of admyrall courts" covering the period 1550 to 1834 there is a record of a court held in 1609 at which the jurors presented the following statement of the limits of Admiralty jurisdiction of the Port : "that the liberties, franchises and priviledges of this towne and poorte of Poole is knowne att this daye and from time to time before this days, whereof the memorie of man doth not know to the contrarie, is and begineth from a place called Shaggrogg, alias Shaggrocke, being about Russell poynte, and so goeth all alonge that channell yntill you come to North hauen poynte, and from the North hauen poynte as farre to sewaard as a humber barrell maie be seene and described in the sea."

The ceremony of the "Beating of the Water Bounds" of the Port is still carried out with due pageantry by the Admiral of the Port of Poole.

Limits of Jurisdiction, 1909

"The jurisdiction of the said Port Sanitary Authority shall extend to so much of the said Port of Poole as lies to the westward of a straight line drawn across the mouth of Poole Harbour from the easternmost point of North Haven to the easternmost point of South Haven ; together with the waters of the said port within such limits, and the place or places for the time being appointed as the Customs Boarding Station or Stations for such part of the said Port, and every other place for the time being appointed for the mooring or anchoring of ships for such part of the said Port, under any regulations for the prevention of the spread of diseases issued under the authority of the statutes in that behalf ; and the watersides of the District of the said Port Sanitary Authority constituted as aforesaid, and the docks, basins, harbours, creeks, rivers, channels, roads, bays and streams belonging to that part of the said Port for which such Authority is constituted as aforesaid."

Poole Marine Airport

On the 31st March, 1948, the British Overseas Airways Corporation began to operate its new flying boat base at Southampton and the airport at Poole Harbour was closed down. Up to this date the Port Medical Staff had met all incoming flying boats and carried out the medical inspection of passengers and crew and their duties under the Aliens Order of 1920. The daily service necessitated irregular hours of work and weekend duty. On the 1st December, 1945, the Port Sanitary Regulations, 1933, as amended by the Port Health Regulations, 1945, came into operation. The new Regulations made no fundamental change in the procedure of Port Health Authorities, but certain amendments were made which reinforce the powers of the Port Medical Officer in dealing with the Convention diseases.

In the eight and a half years that Poole was the Marine Airport of the B.O.A.C., 2,194 flying boats arrived, carrying 50,691 persons from all parts of the world.

Poole Harbour is a yachtsman's paradise and while it was recognised that its use as an airport was essential in the national interests, the yachting fraternity did not accept without comment its interference with their activities, and the departure of the flying boats was not regretted. Many of the residents on the harbour shores were relieved at the absence of the noise of low flying aircraft engaged on night flying practice and the early morning revving of the four engined planes, warming up before taking off.

The presence of the marine airport in Poole had, however, one great advantage ; the magnificent harbour so generously endowed with natural beauty was brought to the notice of thousands of people from all parts of the world.

I wish to take this opportunity of thanking the staff of British Overseas Airways Corporation for their willing helpfulness and courtesy during the eight and a half years that Poole was their flying boat base. I would like also to thank my colleagues the Immigration Officers, Customs Officers and the Harbour Master for their ready co-operation with the Port Medical Officers in the discharge of their duties.

Poole Seaport

During 1948, 238 foreign craft with a tonnage of 21,362 entered the Port compared with 158 with a tonnage of 14,900 in 1947. There was a slight increase in the coastwise traffic, 743 vessels with a tonnage of 218,975, compared with 692 vessels with a tonnage of 192,712 in 1947. I wish to thank the Port Health Inspector and his Deputy for their assistance during the year.

Yours faithfully,

GEORGE CHESNEY,

Port Medical Officer.

July, 1949.

ANNUAL REPORT OF THE PORT MEDICAL OFFICER AND MEDICAL INSPECTOR OF ALIENS FOR THE YEAR 1948

The Medical Officer of Health of the Borough of Poole is also Port Medical Officer of Poole, and Medical Inspector of Aliens under the Aliens Order, 1920. He has had experience in the " Convention " diseases in India, Burma and the Far East, and holds the Certificate of the London School of Tropical Medicine and Hygiene. He is assisted by the Deputy Medical Officer of Health, who is Deputy Port Medical Officer and a Medical Inspector of Aliens. The Senior Sanitary Inspector of the Borough is Port Health Inspector, and is assisted by the Deputy Port Health Inspector. Close co-operation exists between the officers of H.M. Customs, the Immigration Officers, the Harbour Master and the Port Medical Officers.

POOLE MARINE AIRPORT

Soon after the outbreak of war in September, 1939, Imperial Airways — now British Overseas Airways Corporation — transferred for reasons of security its flying boat operations to Poole, which became the only marine terminal in Britain for passenger services covering practically the whole world. The port played an important part in the development of the vast network of flying boat services which covered Africa and the Middle and Far East during the war and the post-war years and earned for Poole the title of England's premier marine airport.

On the 31st March, 1948, the Airways Corporation moved its marine terminal back to Southampton ; by so doing there was a saving of about an hour in the journey to London, the aircraft were nearer to their maintenance depot and the operational costs were reduced.

During the period September, 1939, to March, 1948, 2,194 aircraft and over 50,000 persons arrived at Poole Harbour. The yearly details are given in the following table :—

<i>Year</i>	<i>Na. of Aircraft</i>	<i>No. of Crew</i>	<i>British Passengers</i>	<i>Alien Passengers</i>	<i>Total number of Passengers and Crew</i>
1939	15	105	307	39	451
1940	177	1239	1693	343	3275
1941	125	875	422	292	1589
1942	129	1027	1681	1191	3899
1943	229	1915	2760	1681	6306
1944	170	1309	1620	387	3316
1945	463	3513	7271	857	11641
1946	373	2781	5258	578	8617
1947	401	3027	5882	598	9507
1948	112	867	1102	121	2090
	2194	16658	27996	6037	50691

Port Medical Inspection

The arrangements for the medical inspection of incoming passengers while Poole was used as a Marine Airport were fully described in my Report for 1947.

It is noteworthy that during these eight and a half years when over 50,000 persons passed through the Port Medical Control, many of them refugees from enemy occupied territories and military prisoners of war, no case of the Convention diseases was admitted to this country through the Poole Airport, though many of the arrivals came from countries where smallpox, typhus, cholera and plague were endemic and at times epidemic. This good fortune is all the more striking in view of the speed of aerial transport whereby persons arrived in Poole well within the incubation period of these diseases. The Port Medical Officers were constantly vigilant and any suspected cases were carefully examined and the necessary precautionary measures taken.

During the three months of 1948 before the transfer of the base to Southampton 112 flying boats arrived at the airport. The majority of these were on the Australia and Far East service, the route being from Hong Kong to Bangkok and Rangoon, and from Sydney to Darwin, Sourabaya, Singapore and Rangoon, thence to Poole via Calcutta, Karachi, Bahrein, Basra, Cairo, Augusta and Marseilles. The following table shows the distribution of the arrivals :

Sydney to Poole ...	...	42
Bahrein to Poole ...	...	38
Hong Kong to Poole ...	...	28
Durban to Poole ...	...	2
Marseilles to Poole ...	...	2

Of the 2,090 arrivals 121 were aliens. Reference by the Immigration Officer to the Medical Inspector of Aliens was not necessary in any case, and no certificates were required to be issued under the Aliens Order of 1920. Five persons were found to be ill on arrival. Of these, three were admitted to hospital and two were allowed to proceed to their destination with instructions to report to their family doctor, the Medical Officer of Health of the district being informed.

Sanitary Inspection of Aircraft

In 1947 an extensive investigation of the condition of water supplies of aircraft entering and leaving Poole Airport was carried out by the Port Health Inspectors. A report of the conditions found and of the steps taken to secure improvement was given in the Annual Report for 1947. During the first three months of 1948 nine inspections of aircraft were carried out by the Port Health Inspector and his Deputy to check the sanitary conditions of the aircraft. Particular attention was paid to water supply, food storage and sanitary accommodation and a search was made for any evidence of rats, mosquitos, etc. In no instance was there evidence of rats on board and no report of the presence of rats was received.

Regarding water supplies, action was concentrated on securing the sterilisation of water tanks and containers of aircraft operating from Poole. 13 samples of water were taken from outgoing aircraft ; of these, 9 were satisfactory and 4 showed evidence of contamination of faecal origin. All but one of the unsatisfactory samples were from vacuum flasks, a type of container which proved very difficult to sterilize and the B.O.A.C. were advised to obtain flasks of a type designed for easy and effective sterilization.

Wartime Incidents

During the war and in the years immediately following, in the interests of national security, no reference in the Annual Report of the Port Medical Officer could be made to many items of interest in connection with the medical work at the Airport. As security censorship need no longer muzzle the writer it may be of interest to relate some of the highlights of the otherwise routine work of Port Medical Inspection.

Early on June 5th, 1943, it was whispered that the Prime Minister was arriving that day from Gibraltar by Boeing Flying Boat. The Boeing did not come, yet the Prime Minister arrived in London that afternoon. Early the following morning his Military Secretary, General Sir Hastings Ismay and Staff arrived in Poole in the Boeing flying boat "Bristol" under conditions of secrecy and official

reticence. Later in the day it was learnt that a flying boat had been shot down on its way from Lisbon to this country and that the popular actor, Leslie Howard, had been lost. It would appear that the Luftwaffe knew that the Prime Minister was in North Africa attending a conference with General Eisenhower and was due back, but shot down the wrong plane !

At the close of the 1943 Quebec Conference a very precious "load" arrived. On the 29th August, the Boeing flying boat "Bangor" came into sight over Poole Harbour accompanied by a strong escort of fighters. The plane was met at its moorings and the writer was surprised to find that the passengers were Mr. Anthony Eden, the Foreign Secretary ; General Sir Alan Brooke, Chief of the Imperial General Staff ; Admiral Sir Dudley Pound, First Lord of the Admiralty, Air Chief Marshal Sir Charles Portal, Chief of Staff of the R.A.F. ; and Lord Louis Mountbatten, Chief of Combined Operations. What a catastrophe for this country had this plane been intercepted on its way from Quebec ! The German airmen missed some Iron Crosses that day.

The Port Medical Staff at times suspected that some of the strange people passing through their hands during the war were engaged in Secret Service. On one occasion a passenger who looked tired and dishevelled was called to the medical inspection table. He did not respond and it was only when his name was called the third time that a look of enlightenment came over his face and he realised that his name, as far as this trip was concerned, had been called out.

The more grim aspects of war were emphasised by the execution of two German spies who entered the country through the Poole Airport.

On the 16th July, 1943, a foreigner named Neukermans, who declared he was a Belgian who had escaped from occupied territory, arrived from Lisbon and passed through medical inspection. For reasons best known to themselves he came under the observation of the Security Officers and in due course was arrested and charged under the Treachery Act at the Old Bailey. He was executed as a German spy at Wormwood Scrubs Prison on the 23rd June, 1944.

On the 1st November, 1943, Oswald Job, who had lived in Paris since 1911, the son of German parents, left Lisbon by flying boat for Poole. He had travelled from France through Spain and Portugal, posing as a refugee from enemy territory. He passed through medical inspection and came under the observation of the ever vigilant Security Officers. When ultimately arrested, he was found to have invisible ink hidden in keys. He, too, was convicted of espionage and executed at Pentonville on the 16th March, 1944.

Another interesting spy was a beautiful blonde who arrived with an officer friend from Alexandria. He had been surprised at the

ease with which a passport had been obtained for her in Egypt, but was even more surprised when on arrival in this country he was cross-questioned by the Security Officers and she was arrested. What happened to him is not known.

In September, 1945, the first ex-prisoners of war of the Japanese returned to Britain arrived in Poole ; the majority were in fairly good physical condition considering their long period of internment and very unsatisfactory conditions under which they had existed.

Poole had many air attacks, two night attacks being particularly heavy and concentrated on the Harbour ; little damage was done. During one night raid a German bomber sank a Catalina flying boat at its moorings. The raiding plane however paid the price for its attack as a few minutes later it was shot down by anti-aircraft fire from ships in the port.

POOLE SEAPORT

Poole is chiefly a cargo port, the majority of the vessels being engaged in the coastal transport of coal, oil and petrol, though there is also a small but regular traffic in timber from continental countries. During the summer the port is the base for pleasure steamers operating between the local seaside resorts but this is the only passenger traffic. Fishing is still carried on from the port, though only during the sprat season are landings heavy. The harbour is one of the great yachting centres of Britain, and the building, servicing and repair of yachts and other boats is one of the industries of the port.

The public quay accommodation consists of 3,000 feet frontage, i.e., Hamworthy Quay 500ft. at 15ft., low water ordinary tide

Town Quay	1000ft. at 16ft.	"	"	"	"
	1000ft. at 15 to 10ft.	"	"	"	"
	500ft. shallow berthing (for yachts)				

There are also some 2,500 feet of private wharves. Ships drawing 16 feet can enter the port at high tides.

All the public quays are serviced by railways. Unloading equipment consists of one 3-ton electric crane belonging to the Harbour Commissioners and two electric cranes, two steam cranes and three transporters belonging to private firms.

I. Amount of Shipping Entering the Port during the Year 1948

Table A

Class	Number	Tonnage	Number Inspected by		Number reported to be defective	Number of vessels on which defects were remedied	Number of vessels on which defects were found and reported to Ministry of Transport Surveyors	Number of vessels reported as having had, during the voyage, infectious disease on board
			Medical Officer of Health	Sanitary Inspector				
Foreign								
Steamers ...	14	5013	1	10	3	1	Nil	Nil
*Motor ...	99	14279	7	54	2	—	—	—
Sailing ...	—	—	—	—	—	—	—	—
Fishing ...	—	—	—	—	—	—	—	—
Yachts ...	125	2070	—	—	—	—	—	—
Total Foreign	238	21362	8	64	5	1	—	—
Coastwise								
Steamers ...	262	126031	—	14	2	2	—	—
*Motor ...	481	92944	1	7	2	2	—	—
Sailing ...	—	—	—	—	—	—	—	—
Fishing ...	—	—	—	—	—	—	—	—
Total Coastwise	743	218975	1	21	4	4	—	—
Total Foreign and Coastwise	981	240337	9	85	9	5	—	—

* Includes mechanically propelled vessels other than steamers

II. Character of Trade of Port

(a) There are no regular passenger services with other countries and the return for Table B (passenger traffic) is therefore "nil". During the summer passenger services are maintained between Poole, Bournemouth, Isle of Wight, Swanage and Weymouth.

(b) Cargo Traffic — Imports from abroad were chiefly timber and basic slag. The only exports were china clay. Coastal traffic was chiefly in coal, oil, fertilisers and general cargo.

(c) The chief ports and places from which vessels arrive are : Hamburg, Antwerp, Rotterdam, Jersey and the Swedish Ports.

III. Water Supply

The water supply for the port and shipping is that from the town mains. This is a softened, filtered and chlorinated water of high bacterial purity. The supply was sampled every two or three days throughout the year and every sample was reported as Class I — highly satisfactory. The water supply is delivered direct to ships from the mains on the Quay. One private water boat was in use in the harbour during the summer months for the supply of water to small yachts. Two samples of the supply from this boat were taken during the season and both were reported as Class I — highly satisfactory.

IV. Port Health Regulations, 1933 and 1945

(1) Declarations of Health.

Supplies of the standard Declaration Forms are issued to the Harbour Master, the Customs Officers and the Pilots' Office. These are given by the first of these officers boarding ships to the Masters of ships on arrival within the harbour and returned to the Boarding Officer of the Customs, who forwards them immediately to the Port Medical Officer.

(2) Boarding of Vessels on arrival.

Vessels are boarded upon arrival by H.M. Customs Officers and arrangements have been made for the Boarding Officer to contact the Port Medical Officer immediately by 'phone in the case of inward vessels requiring special or immediate attention.

(3) Notifications of all ships arriving in the harbour are collected daily from the Harbour Master's Office for the use of the Port Medical Officer and the Port Health Inspectors.

(4) Mooring Stations.

A mooring station has been established at a point in the main channel, half way between Parkstone Shoal Light Buoy and Stakes Buoy, just clear of shipping. If so directed by the Port Medical Officer, the Southern end of the New Quay, Hamworthy, can be used also.

(5) Detention of Ships and Persons.

There are no standing exemptions from the provisions of Article 14.

(6) Occasion has not arisen for the application of Article 16 (Restriction on boarding or leaving ships not free from control).

(7) Arrangements for Medical Inspections, Hospital Accommodation, Disinfection, etc.

(a) Special premises for medical examinations have not been provided at the seaport. Medical inspection rooms and waiting rooms, etc., are, however, available at all times at the Local Authority's Clinic close to the Quay.

(b) The cleansing and disinfection facilities (including steam disinfection and cleansing stations) of the Local Authority are available to the Port Health Authority at all times for the cleansing and disinfection of ships, persons and clothing, and other articles.

(c) Temporary accommodation of persons for whom such accommodation is required for the purposes of the Regulations is available at the Alderney Infectious Diseases Hospital.

(d) Hospital accommodation is reserved at the Isolation Hospital at Arne, Dorset, for cases of Smallpox. Other infectious diseases are treated at the Alderney Infectious Diseases Hospital, Poole.

(e) The full-time Ambulance Service of the Local Health Authority (Dorset County Council) is also available at all times.

(f) Supervision of contacts. Infectious diseases contacts proceeding home are provided with notification postcards for use if required and immediate notification sent to the Medical Officer of the district to which they are proceeding.

(8) and (9) Facilities for Bacteriological Examinations.

The Public Health Laboratory, Poole, provides facilities for routine and special bacteriological and pathological examinations, including the examination of rats for plague.

(10) Venereal Diseases.

Facilities for diagnosis and treatment for seamen suffering from Venereal Diseases are provided at two clinics, as follows :—

Cornelia Hospital, Longfleet Road, Poole—Fridays, 5 p.m.

Victoria and West Hants Hospital, Shelley Road, Boscombe—
Wednesdays and Saturdays, 4 p.m.

Printed notices are made available for crews and display notices are also exhibited in suitable places in the vicinity of the Port.

(11) Arrangement for Interment of Dead.

Removal to Town Mortuary, where action is taken to secure burial.

(12) Cases of Infectious Sickness on Vessels.

No cases of infectious sickness were landed from vessels during the year and no cases occurred of a vessel having infectious sickness on board during a voyage to the Port. Tables C and D are therefore omitted.

V. Measures against Rodents

Poole is not an "Approved Port" for the issue of Deratisation and Deratisation Exemption Certificates. The Rodent Control Staff (Rodent Officer and three Operatives) of the Local Authority are available for work in the Port and all warehouses, etc., in the Port are included in the area of the Local Authority's rodent control scheme.

Measures taken in ships

Masters and crew are interrogated and crew's quarters, etc., examined for evidence of rats during routine inspections of ships by Port Health Inspectors. Where evidence is found or suspected, detailed examinations are made by the Rodent Officer and deratisation carried out by him. Methods used for small infestations are trapping and baiting (Ministry of Food systems). Fumigation by sulphur dioxide can also be carried out in small infestations, but large scale fumigations would be carried out by arrangement with fumigation specialist firms from or at Southampton.

During inspections ships' deratisation or deratisation exemption certificates are examined as a matter of routine. On 13 occasions these certificates were found to be out of date. As Poole is not an "Approved Port" Masters could only be reminded that they must get their certificates renewed at the first "Approved Port" called at.

No serious infestations of rats were found on ships inspected in the port during the year.

Measures taken on shore

Warehouses, etc., in the port area are surveyed yearly by the Rodent Control Staff of the Local Authority under their block control scheme and all infestations found dealt with. Methods used include trapping, baiting (Ministry of Food system) and gassing. Many of the warehouses in the Quay area are very old and difficult to rat-proof, but rat-proofing of premises, such as flour mills and grain stores, found to be subject to rat infestation, is an essential part of the block control system in force in the district.

Rats destroyed during the year.

Tables E, G and H (omitted) are "nil" returns.

Table F In Docks, Quays, Wharves and Warehouses

Number of Rats	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year
Black	—	—	—	—	—	—	—	—	—	50	—	—	50
Brown	10	—	30	—	—	24	—	—	46	10	50	—	170
Species not recorded	—	—	—	—	—	—	—	—	—	—	—	—	—
Examined	—	—	—	—	—	—	—	—	—	—	—	—	—
Infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—

VI. Hygiene of Crews' Spaces

Table J. Classification of Nuisances

<i>Nationality of Vessel</i>	<i>Number inspected during year</i>	<i>Defects of original construction</i>	<i>Structural defects through wear and tear</i>	<i>Dirt, vermin and other conditions prejudicial to health</i>
British ...	31	1	3	1
Other Nations	54	—	1	3

VII. Food Inspection

(1) Apart from potatoes from the Channel Islands there were no imports of foodstuffs.

(2) Shell-fish.—No oysters are being dredged in the Harbour. Mussels are practically extinct. Small quantities of cockles continue to be taken. During the year 7 sample batches of cockles were taken from different parts of the Harbour for bacteriological examination in the Public Health Laboratory, Poole. Each batch consisted of from 6 to 9 cockles. In one batch, 5 out of 9 cockles were positive to faecal coli, the other six batches were negative to faecal coli in all cockles. No organisms of the salmonella group were isolated. After cooking (boiling for two minutes) all cockles were negative to presumptive coli.

VIII. Pollution of the Harbour

In January, 1948, the Chief Fishery Officer of the Southern Sea Fisheries District reported to the Port Medical Officer that numbers of dead and dying fish had been observed at intervals in a backwater of the Harbour. Three samples of harbour water were taken. Two of the samples, taken from the vicinity of a chemical factory, were reported by the Public Analyst to contain 0.75 and 0.5 parts per million of Hydrocyanic Acid respectively. The matter was taken up immediately by the Port Health Authority with the firm concerned and an assurance was given that in future any residual cyanides would be completely destroyed by chemical means. Since then no further trouble has been experienced and 6 further samples taken during the year were free from any poisonous substances.

REPORT

to the

Local Education Authority

on the

SCHOOL HEALTH SERVICES

in the

BOROUGH OF POOLE

PART III

SCHOOL HEALTH SERVICE.

Report of the School Medical Officer for the year
1948.

COMMITTEE FOR EDUCATION, 1948

<i>Chairman:</i>	Alderman H. S. CARTER, O.B.E., J.P. (1.1.48 — 27.9.48)
	Councillor W. D. SIMMONDS, O.B.E. (as from 27.9.48)
<i>Vice-Chairman :</i>	Councillor W. D. SIMMONDS, O.B.E. (1.1.48 — 27.9.48)
	Miss M. M. LLEWELLIN, J.P. (as from 27.9.48)
<i>His Worship The Mayor :</i>	Alderman S. F. LANGRIDGE

Aldermen :

F. J. BACON, J.P.	A. J. DACOMBE, J.P.
S. D. BALLAM	Mrs. MACANDREW, J.P.
J. BRIGHT, J.P.	F. C. REEVES, M.M.
D. A. HAYNES, J.P.	(Retired 29.12.48)

Councillors :

G. S. BROWN, J.P.	C. H. GOULD
E. A. HEBLEY	Mrs. E. M. HICKINSON, J.P.
A. R. W. PATTON	A. J. K. PEARCE
A. C. THURSTON	Miss J. WHEATLEY
G. N. YEATMAN	E. J. BULL (from 1.11.48)

Co-opted Members :

The Rev. Canon H. BARTON	The Very Rev. Canon P. D. LEAHY
The Rev. W. DICKINSON	Mr. A. J. MARTIN
Miss W. M. ALLEN	Mr. L. J. W. FRY

Representatives of the Local Education Authority

Eng. Commander R. H. BAKER	Mrs. M. CHAMPION
Mr. R. E. CHISMAN	Sir T. TASKER, C.I.E., O.B.E.

STAFF

<i>School Medical Officer :</i>	George Chesney, M.D., B.Ch., B.A.O., D.P.H.
<i>Deputy School Medical Officer :</i>	J. A. Sinclair, M.B., Ch.B., D.P.H.
<i>Assistant School Medical Officer :</i>	A. C. Mackenzie, M.D., Ch.B., D.P.H.
<i>Senior Dental Officer :</i>	K. G. Hyland, L.D.S.

<i>Assistant Dental Officers :</i>	W. K. Rimmer, L.D.S., D.D.S. R. Allen, L.D.S.
<i>School Nurses (Health Visitors) :</i>	Miss M. M. Kingsbury, S.R.N., S.C.M., H.V.C. (Superintendent Health Visitor and School Nurse) Mrs. M. Stapley, S.R.N., S.C.M., H.V.C. Miss I. Koster, S.R.N., S.C.M., H.V.C. Miss M. Phillips, S.R.N., S.C.M., H.V.C. Miss V. Kusel, S.R.N., S.C.M., H.V.C. Miss L. B. Lever, S.R.N., S.C.M., R.F.N. Mrs. V. Narbett, S.R.N., S.C.M., H.V.C. Miss H. Brooks, S.R.N., S.C.M., H.V.C. Miss M. Morris, S.R.N., S.C.M., H.V.C. (appointed 11.10.48)
<i>Dental Attendants :</i>	Miss G. Forrest ; Miss R. Nicholls. Miss M. Emes (resigned 31.3.48) Mrs. E. T. Mattinson (appointed 18.5.48)
<i>Clerks :</i>	Mr. F. B. Edwards (Chief Clerk) ; Mr. C. A. Fox ; Miss P. Giles ; Miss P. Stevens.

Part-time Consultants and Specialists :

<i>Orthopaedic Surgeons :</i>	J. D. Wilson, F.R.C.S. H. H. Langston, F.R.C.S.
<i>Ear, Nose and Throat Surgeons :</i>	A. Mackenzie Ross, M.D., Ch.B., D.L.O. C. R. Salkeld, B.A., B.M., B.Ch., F.R.C.S.
<i>Ophthalmic Surgeon :</i>	E. R. Bowes, M.B., D.O.M.S.
<i>Physician :</i>	Harold Cookson, M.D., F.R.C.P.
<i>Radiologist :</i>	D. D. Malpas, M.R.C.S., L.R.C.P.
<i>Psychiatrist :</i>	D. Fenton-Russell, M.D., D.P.H., D.P.M.

Medical Auxiliaries :

<i>Physiotherapist :</i>	Mrs. D. Beale, M.C.S.P.
<i>Orthoptist :</i>	Miss D. Keelan, D.B.O.
<i>Speech Therapist :</i>	Miss N. O'Driscoll, L.C.S.T.

With the introduction of the National Health Service Act on 5th July 1948 the services of consultants, specialists and medical auxiliaries, with the exception of the Speech Therapist, became the responsibility of the South West Metropolitan Regional Hospital Board.

THE SCHOOL HEALTH SERVICE

and

THE NATIONAL HEALTH SERVICE ACT

The National Health Service Act, which came into operation on 5th July, 1948, caused certain financial and structural changes in the School Health Service. Ministry of Education Circular 179 states that Local Education Authorities will normally discharge their obligation under Section 48 of the Education Act, 1944, through the facilities provided by the National Health Service. This section of the Education Act provides for the free medical treatment of school children. The circular emphasises the importance of the School Health Service and the special responsibilities of Local Education Authorities with regard to the health of the school child, and urges the maintenance and development of those services which it is their responsibility to provide, so that the effectiveness of this vital service will in no way be impaired.

Consultant and Specialist Services

One of the most important changes which took place on 5th July, 1948, was that all consultative and specialist work which had formerly been carried out under financial arrangements with hospitals, and any further extension of this work, became free of charge to Local Education Authorities. These authorities were, however, not precluded from directly providing, with the aid of grant, any additional specialist service for school children which they considered necessary or desirable. In general, the organisation of specialist and consultative services became the responsibility of the Regional Hospital Boards, but in most cases this did not involve any material alteration in the working arrangements existing before 5th July.

Ophthalmic work by specialists, including refraction work, will eventually, as in the case of the other specialities, be the responsibility of the Regional Hospital Board, but it was foreseen that, to begin with, the Hospital and Specialist Services would probably be unable to provide a general service of refraction. Ministry of Education Circular 179 therefore enjoined Local Education Authorities to maintain their specialist refraction work and the provision of spectacles for school children by taking advantage of the Supplementary Ophthalmic Services under the Executive Councils. The Supplementary Ophthalmic Services also provide spectacles free of charge to school children.

Child Guidance

Child guidance work is considered to be, in the main, an educational service closely linked with the school and home, and the minor degrees of maladjustment can generally be treated by social and educational adjustments. Children in need of psychiatric treatment should normally be referred to the psychiatric clinics set up by the Regional Hospital Boards. These clinics will refer appropriate cases to the Child Guidance Centres.

Local Education Authorities are still responsible both financially and administratively for the specialist service required for the ascertainment of maladjusted pupils under Section 34 of the Education Act, 1944.

Supply of Medical Information to School Medical Officers

Circular 179 recommends that arrangements should be made between Local Education Authorities and Hospital Management Committees for the supplying of medical information when pupils are discharged from hospital or at the termination of out-patient treatment, for the confidential information of the School Medical Officer.

Services not affected by the National Health Service Act

School Medical inspections, and ascertainment, examination, classification and reporting of handicapped pupils are not affected by the National Health Service Act except that reports on mentally defective children under Section 57 of the Education Act will in future be issued to the Local Health Authority, a new body constituted under the National Health Service Act. The duty to secure a comprehensive dental service for school children will continue to rest on Local Education Authorities. It may be noted that a parallel duty with respect to nursing and expectant mothers and children under five (not attending school) is placed on Local Health Authorities.

The treatment of minor ailments at school clinics is well established as the best way of dealing with many troublesome conditions, and the Ministry of Education has recommended its extension on existing lines. Speech therapy, which must be carried out in close association with the schools, remains the responsibility of the Local Education Authority.

THE EFFECT OF THE NATIONAL HEALTH SERVICE ON THE SCHOOL HEALTH SERVICE IN POOLE

There were few changes in the actual working arrangements of the School Health Service in Poole following the introduction of the National Health Service. Most of the changes were of a financial nature. The Regional Hospital Board and, in the case of the eye specialist, the Ophthalmic Services Committee, became responsible for the payment of specialists and consultants who had previously been paid on a sessional or case basis by the Local Education Authority.

In the case of the orthopaedic, ophthalmic and child guidance clinics no alterations were made in the working arrangements in existence prior to 5th July. The aural clinic, which had been held monthly at the Municipal Buildings, Poole, ceased to function, children with hearing defects being referred to the out-patient department of the General Hospital. The ear, nose and throat clinics and x-ray clinic for treatment of ringworm continued to be held, as before, at the general hospital. The speech therapy clinic continued to be the entire responsibility of the Local Education Authority.

SCHOOLS.

Primary

There are in the Borough 21 Primary Schools, of which 13 are County Primary Schools, provided and maintained by the Local Education Authority, and 8 are Voluntary Primary Schools, of which 6 are provided by the Church of England and 2 by the Roman Catholic Church.

Nursery Classes

There are 9 nursery classes with accommodation for 225 children, attached to infant schools.

Secondary Modern Schools

At the beginning of 1948 there were 5 Secondary Modern Schools in the Borough — 4 County and 1 Voluntary. The County schools are the Kemp Welch Boys' and Girls' and the Henry Harbin Boys' and Girls' Schools. The Voluntary school is the Russell-Cotes Voluntary Boys' School. The Herbert Carter Secondary Modern Mixed School was not ready to receive pupils in 1948, but in September it was decided to hold classes in various buildings in Hamworthy until such time as the school building was ready for occupation.

Grammar Schools

There are 2 Grammar Schools in the Borough — Poole Grammar (Boys) and Parkstone Grammar (Girls).

Poole Art and Technical School

Full time students at this school come under the care of the School Health Service.

Private Schools

Private schools do not come within the scope of the School Health Service, but under Section 78 of the Education Act of 1944 a Local Education Authority may make arrangements with the proprietor of such a school for the provision of certain ancillary services, including medical inspection and treatment.

There are approximately 17 Private Schools in the Borough.

Accommodation

Numbers on roll at September, 1948 :

Grammar Schools	...	...	...	1344
Secondary Modern Schools	...	...	...	2788
Primary Schools	...	...	...	5910

Total 10042

Average attendances for year ending 31st December, 1948 :

Grammar Schools	...	...	...	1262
Secondary Modern Schools	...	...	...	2313
Primary Schools	...	...	...	5556

Total 9131

Open Air Teaching

There are no open air schools in the Borough and no special facilities exist, but schools take lessons in the open air when the weather is suitable.

THE AIM OF THE SCHOOL HEALTH SERVICE

The School Health Service is primarily concerned with the preservation of the physical and mental health of the school child so that he is able to derive the greatest possible benefit from his education. It is, therefore, chiefly concerned with the prevention of disease and with matters affecting the health of the school child. The health of the school child may be adversely affected by environmental factors in the school and in the home, by unsatisfactory or insanitary school premises, or by overwork and worry, and it is the concern of the School Medical Officer that such adverse factors should be eliminated or remedied as far as possible. The prevention of outbreaks of infectious and contagious disease, which is a major function of the School Health Service, is discussed in another section of this report.

School medical inspection is the key-stone of the Service, and children are medically examined at regular periods during their school career. In this way, defects or diseases may be discovered in their early stages when the chances of cure or improvement are good. Arrangements are made for the appropriate treatment to be carried out and these children are followed up at school or at the school clinic.

As the School Medical Officer is Poole Area Medical Officer under the National Health Service Act and as such is concerned with the Care of Mothers and Young Children, Health Visiting, Vaccination and Immunisation, Prevention of Illness, Care and After-care and Mental Health, co-ordination and follow-up are greatly facilitated. As he is also Medical Officer of Health of the Borough and Consultant Physician at the Infectious Diseases Hospital, he is in a position to become aware at an early stage of any undue prevalence of infectious disease among school children and can initiate the necessary measures to deal with any outbreak.

The work of the School Health Service may be summarised as follows :—

- (1) Routine and special inspection and re-inspection.
- (2) Examination of children for fitness for part-time employment.
- (3) Class by Class inspection by the school nurses.
- (4) Minor ailment clinics.
- (5) Ascertainment and classification of handicapped pupils.
- (6) Special clinics.
- (7) Investigation and control of infectious diseases.
- (8) Diphtheria immunisation.
- (9) Dental inspection and treatment.
- (10) Hygiene and sanitation of school premises, including school kitchens and canteens. (See p. 107 of Report)

MEDICAL INSPECTION.

Routine Inspection

Section 49 of the Handicapped Pupils and School Health Service Regulations provides for the medical inspection at stated periods of pupils in attendance at every school, not being a Special School, maintained by the Local Education Authority. These inspections are conducted on the school premises and parents are invited to be present. The following are the approved arrangements :—

- (a) Every pupil who is admitted for the first time to a maintained school is inspected as soon as possible after the date of admission.

- (b) Every pupil attending a maintained primary school is inspected during the last year of his attendance at such a school.
- (c) Every pupil attending a maintained secondary school is inspected during the last year of his attendance at such a school.
- (d) Every pupil attending a maintained school or County college is inspected on such other occasions as the Minister or the Authority with the approval of the Minister may determine.

If a child is found to be suffering from a defect, the parent is advised as to treatment or the child is referred for treatment to the family doctor, the appropriate clinic or the general hospital.

Special Inspections and Re-inspections

A child who has been found, at routine inspection, to be suffering from a defect is re-examined at intervals. Other "special" examinations are carried out at the request of the parent, the teacher or the school nurse. Such examinations may be carried out at a routine inspection or at an inspection arranged for that purpose.

Medical Records

Prior to September, 1948, each school kept its own medical cards and inspections were arranged by the School Nurses and Head Teachers.

To facilitate the work of the School Health Service it was decided in September, 1948, to form a School Health Section of the Health Department and to centralise the medical record cards of all children attending maintained schools in the Borough. With the co-operation of head teachers and school nurses the record cards of over 10,000 pupils were collected and centralised in the Health Department.

By centralising the records, arrangements for school medical inspections and "following-up" were greatly facilitated and more efficiently carried out. This is shown by the fact that out of a total of 3,743 inspections for the year 1948, 1,451 were arranged after 4th October. During the same period 320 re-inspections were arranged out of a total of 478.

Result of Medical Inspection

During 1948, 3,743 children were examined at routine medical inspections. Of these 228 were nursery school children, 1,464 were entrants, 1,278 in the second age group and 773 in the third age group.

Of the 3,743 children examined, 359 were found to require treatment for various conditions, exclusive of defective nutrition, verminous conditions and dental caries.

1,193 special inspections and 478 re-inspections were carried out during the year.

General Condition

In 1948 a new type of school medical record card was brought into use. On this card the term "General Condition" was substituted for the term "Nutrition". Previously children had been classified on a purely nutritional basis into four categories :—

A — excellent ; B — normal ; C — slightly subnormal ;
D — bad.

Under the new classification three categories only are used :—

A — better than normal or "good" ; B — normal or "fair" ; C — below normal or "poor".

A child's category is decided not only on a nutritional basis, but also according to the presence or absence of defects. The following table shows the classification in age groups of the general condition of children examined at school medical inspections during 1948.

Age Group	No. of pupils inspected	A Better than normal or Good		B Normal or Fair		C Below normal or Poor	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,464	338	23.1	1040	71.0	86	5.9
Second age group...	1,278	254	19.9	975	76.3	49	3.8
Third age group ...	773	271	35.1	484	62.6	18	2.3
Other periodic inspections ...	228	65	28.5	157	68.9	6	2.6
TOTAL	3,743	928	24.8	2656	71.0	159	4.2

Defects found at School Medical Inspections

Defect Code No.	Defect or Disease (1)	Periodic Inspections	
		No. of defects	
		Requiring treatment (2)	Requiring to be kept under obser- vation but not requiring treat- ment (3)
4.	Skin	5	—
5.	Eyes — (a) Vision	214	40
	(b) Squint	29	4
	(c) Others	22	8
6.	Ears — (a) Hearing	2	2
	(b) Otitis Media	1	3
	(c) Others	2	3
7.	Nose or Throat	30	85
8.	Speech	13	9
9.	Cervical Glands	1	8
10.	Heart and Circulation	2	41
11.	Lungs	1	43
13.	Orthopaedic — (a) Posture	19	82
	(b) Flat foot	21	40
	(c) Other	14	8
16.	Other	7	43

In each case advice was given on treatment, or the child was referred to the appropriate clinic or hospital or to the family doctor. These children are re-examined at suitable intervals to ascertain if treatment has been carried out.

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

A Local Education Authority has power, under Section 59 of the Education Act 1944, to prohibit or restrict the employment of a school child if it is considered that such employment would be prejudicial to his health or would otherwise render him unfit to derive full benefit from his education.

During 1948, 30 children were examined for fitness for employment; 29 certificates of fitness were issued and 1 child was considered medically unfit for employment.

CLASS BY CLASS INSPECTION

At routine medical inspections, parents usually attempt to present their children in as clean a state as possible so that the presence of verminous conditions may easily be overlooked. Rapid general surveys are made periodically by the School Nurses with the object of detecting verminous conditions and the presence of contagious or infectious diseases.

614 visits for this purpose were paid and 20,503 individual examinations were carried out. Children found to be suffering from infectious or contagious conditions or any other condition requiring medical attention were referred to the school clinic or the family doctor. 574 children were found to be infested with head lice and arrangements were made for their treatment at home, at a minor ailment clinic or, in severe or persistent cases, at the special cleansing centre.

MINOR AILMENT CLINICS

As a rule complaints of a minor nature only are treated at the minor ailment clinics. Children who require treatment outside the scope of the clinic are referred to their family doctor, the appropriate special clinic or to the general hospital.

Minor Ailment Clinics are held as follows :—

- (1) The School Clinic, 67 Market Street, Old Town—
school days at 9 a.m.
- (2) The School Clinic, Shillito Road, Parkstone—
school days at 9 a.m.
- (3) Hamworthy School—Tuesday and Friday at 9 a.m.
- (4) Henry Harbin School—Thursday at 11 a.m.
- (5) Broadstone Women's Institute—Thursday at 9 a.m.
- (6) Kemp Welch School—Monday and Friday at 9 a.m.

Attendances at Minor Ailment Clinics in 1948 were as follows :—

				<i>No. of children</i>	<i>No. of attendances</i>
Old Town	...	...	...	544	3535
Parkstone	...	...	...	950	3355
Hamworthy	...	...	...	428	3482
Broadstone	...	...	...	105	252
Henry Harbin School	...	...	...	312	904
Kemp Welch School	...	...	...	522	2032
				<hr/> 2861	<hr/> 13378

The following is a summary of defects found in children attending Minor Ailment Clinics during the year :—

Ringworm	...	...	44	Ear, nose and throat defects	247
Scabies	...	...	27	Dental defects	... 128
Impetigo	...	...	42	Orthopaedic defects	... 152
Other skin conditions	...	...	15	Heart Disease	... 10
Minor eye defects	...	...	65	Tuberculosis	... 1
Defective vision	...	...	220	Septic sores	... 1338
Other eye defects	...	...	352	Cuts and minor injuries	... 998

Total : 3,639

Special Clinics

If a child is found at school medical inspection or during attendance at a minor ailment clinic to be suffering from a defect of a special nature, he is referred to one of the following special clinics where the services of a specialist or qualified medical auxiliary are available.

Ophthalmic Clinic — "Torvaine," St. Peters Road, Parkstone
Monday and Tuesday at 9.15 a.m. Thursday at 2 p.m.

Ear, Nose and Throat Clinic — Cornelia Hospital. Monday at 10.30 a.m.

Orthopaedic Clinic — 67 Market Street, Old Town.
Second Tuesday of each month at 2 p.m.

X-ray Clinic for Treatment of Ringworm — Cornelia Hospital by appointment.

Child Guidance Clinic — The School Clinic, Shillito Road, Parkstone.
Tuesday at 2.30 p.m.

Speech Clinic — "Torvaine," St. Peters Road, Parkstone. Friday at 10 a.m.,

Orthoptic Clinic — "Torvaine," St. Peters Road, Parkstone
Monday at 10 a.m. and 2 p.m. Tuesday at 9.30 a.m.
Wednesday at 9.30 a.m. Thursday at 9.30 a.m. and 2 p.m.

Aural Clinic — Municipal Buildings, Poole
First Thursday of each month. (Discontinued after 5th July, 1948.)

X-Ray Clinic

During the year 1 child was treated by x-ray for ringworm of the scalp.

Report of Ophthalmic Specialist for 1948

The number of children seen at the Eye Clinic was 1,311, which is an increase of 45 per cent. on 1947, and double the 1946 figure. This figure includes 120 cases from districts outside Poole seen for the Dorset County Council

Spectacles were prescribed or lenses changed in existing spectacles in 775 cases and there were 306 cases of squint. Many minor inflammatory conditions were treated and some more serious conditions including choroiditis, optic atrophy, and acute ophthalmoplegia interna were seen.

Orthoptic Clinic

The Orthoptic Clinic improved greatly at first, though the waiting list was still very long. Towards the end of the year, however, illness of the staff caused the attendances to drop and much ground was lost. Even so, 63 new cases were dealt with as compared with only 41 in 1947. 550 treatments and 251 tests were carried out. For the new year, however, prospects are excellent, and the number of clinics will be increased to five or six so that considerable progress may then be expected. Until recently children under five were seen at hospital, and only on reaching that age were they transferred to the School Clinic. The commonest age for the appearance of a concomitant squint is 2-2½ years, and with an intelligent child orthoptic training may usually be begun at 4-4½ years. To delay until 6 or 7 years old means that valuable time (and sometimes the only chance of complete correction of the defect) is lost, and school work is interfered with by the frequent attendances for exercises. Generally speaking, the older the child is when amblyopia is treated and orthoptic treatment started, the slower is the progress made and the less the chance of cure. Many "under fives" are now seen at the School Clinic, and this is a definite advantage in the treatment of the squinting child.

E.N.T. Clinic

During 1948, 148 children were referred to the Ear, Nose and Throat Clinic. 93 received operative treatment for tonsils and adenoids at the Cornelia and East Dorset Hospital.

Orthopaedic Service

Orthopaedic defects in school children may be classed as major and minor. Minor defects such as mild flat feet, slight knock-knees, faulty posture, etc., are usually treated by the School Medical Officer or treatment is carried out under his general supervision, either at the remedial clinic or in school. Major defects which require more specialised advice and treatment are referred to the Consulting Surgeon who attends monthly at the orthopaedic clinic, where children are seen by appointment. Those requiring hospital treatment are admitted to the Lord Mayor Treloar Hospital, Alton. On completion of treatment children remain under the general supervision of the School Medical Officer.

Severely crippled children who are unsuitable for attendance at an ordinary school may be admitted to special schools for the physically handicapped. In some cases, either because of difficulty in obtaining vacancies in suitable schools or in deference to the parents' wishes, arrangements are made for a supply teacher to visit the children in their own homes. A remedial clinic is held in conjunction with the

surgeon's clinic. Here massage, electrical treatment and remedial exercises are given under the supervision of a physiotherapist.

In addition remedial exercise classes are held in the schools. These classes are under the general supervision of the County Remedial Organiser, who also arranges for selected teachers to undergo special training to run the classes.

Table 1

Surgeon's Clinics during 1948	...	11
Cases seen for the first time	...	51
Cases reviewed	... ..	187

Table 2 — Defects and Deformities

Defects and Deformities	Under treatment at end of 1947	New Cases in 1948	Transferred from M. & C.W.	TOTAL	Discharged by Surgeon	Discharged as Non-attender	Left School	Died	Left district	TOTAL	Remaining at end of 1948
A. Congenital	12	4	3	19	4	—	—	1	1	6	13
B. Inflammatory	2	3	2	7	1	2	2	—	—	5	4
C. Traumatic and complica- tions of trauma	1	11	—	12	8	—	—	—	—	8	4
D. Paralysis	19	1	—	20	4	1	—	—	—	5	15
E. Acquired	36	26	4	66	15	4	1	—	5	25	41
F. Diseases of Bone	2	3	—	5	1	—	—	—	—	1	4
G. Other orthopaedic de- fects not included above	—	—	—	—	—	—	—	—	—	—	—
H. No orthopaedic defect	—	3	—	3	3	1	1	—	—	5	—
	72	51	9	132	36	8	4	1	6	55	81

Table 3 — Hospital Cases

Patients in Alton at end of 1947	Patients admitted during 1948	Patients discharged during 1948	Patients remaining at end of 1948
3	8	10	1

Table 4 — Physiotherapy

<i>Massage and remedial Exercises</i>			<i>Electrical Treatment</i>		
<i>No. of children treated</i>	<i>No. of attendances</i>	<i>No. of Sessions</i>	<i>No. of children treated</i>	<i>No. of attendances</i>	<i>No. of Sessions</i>
49	1574	156	12	361	114

Child Guidance Clinic

The Child Guidance Clinic, which had been discontinued in 1947 after being in operation for only 8 weeks, was re-opened at the School Clinic, Shillito Road, Branksome, and later transferred to "Torvaine," St. Peter's Road, Parkstone. The Clinic is held weekly, on Tuesdays, and is attended by a psychiatrist and a social worker. Children suffering from psychological disturbances or social mal-adjustment as shown by thieving, habitual truancy, phobias and neuroses of various kinds are referred for treatment. The first session was held on 30th August, 1948. 14 sessions were held and 20 children attended for treatment. The total number of attendances was 58.

Aural Clinic

The Aural Clinic was held monthly at the Municipal Buildings, Poole, until 5th July, 1948, and was attended by the Ear, Nose and Throat Surgeons. Children who were suffering from or appeared to be suffering from defective hearing were referred, through the School Medical Officer, to this Clinic.

Attendances at the clinic in 1948 were as follows :—

No of sessions held	...	...	...	4
No. of children who attended	...	...	...	13
Total attendances	...	...	...	17
No. found to have defective hearing	...	...	...	11
No. found to have no defect	...	...	...	2

Speech Clinic

The County Speech Therapist reports as follows :—

The Speech Clinic has been working at full pressure during the past year. The number of sessions held was 42, one being devoted to school visiting. 31 children were under treatment and 9 were discharged, giving a discharge rate of 29.03 per cent. The services of the clinic have been requested by medical officers, teachers and

parents. It is most distressing that the waiting list is so long but this is inevitable. The number of cases which can be treated in one day is fifteen to twenty (or fewer if there is a high proportion of serious cases). The percentage of speech defectives in the school population is approximately $1\frac{1}{2}$ -2 per cent., so it will be seen that an area the size of Poole needs more than one whole day session per week.

The types of defect which were treated during 1948 were stammer, dyslalia, dysphonia, sigmatism, retarded speech due to poor intelligence and three cases of alalia due to partial deafness.

I should like to pay tribute to all the mothers who have received advice most graciously. Their help and patient co-operation has been invaluable.

HANDICAPPED PUPILS.

Handicapped pupils are defined in the Handicapped Pupils and School Health Service Regulations, 1945, as pupils who require special educational treatment.

The several categories of pupils requiring special educational treatment are :—

- | | |
|-----------------------|------------------------------|
| (a) Blind | (g) Educationally sub-normal |
| (b) Partially sighted | (h) Epileptic |
| (c) Deaf | (i) Maladjusted |
| (d) Partially deaf | (j) Physically handicapped |
| (e) Delicate | (k) Defective speech |
| (f) Diabetic | |

Every blind, deaf, physically handicapped, epileptic or aphasic pupil must be educated in a special school, and in the case of a blind or epileptic child the school must be a boarding school.

A handicapped child of any other category may be educated in an ordinary school if special educational treatment suitable to his needs can be provided at such a school, and provided also that his presence is not detrimental to the interests of the other pupils.

Mentally Handicapped Pupils

	Boys	Girls	Total
Number of children examined and reported on...	34	10	44
Classification—			
Normal Intelligence	7	—	7
Educationally subnormal	24	8	32
Ineducable	2	2	4
Recommended for education in ordinary school	7	—	7
Recommended for education in a special class ...	15	4	19
Recommended for education in a special school ...	9	4	13
Incapable of receiving education at school ...	2	2	4

(Report to Local Authority for the purposes of the Mental Deficiency Acts under Subsection 3 of Section 57 of Education Act, 1944)

	Boys	Girls	Total
Deaf Pupils			
Number of children examined	2	1	3
Number recommended for special school ...	2	1	3

Delicate Pupils

Number of children examined	1	—	1
Number recommended for open-air school ...	1	—	1

Maladjusted Pupils

Number of children examined	4	—	4
Number recommended for special boarding school	2	—	2
Number recommended for special education in ordinary school	1	—	1
Number recommended to be boarded-out with foster-mother	1	—	1

Physically Handicapped Pupils

Cardiac	1	—	1
Recommended for hospital school	1	—	1
Paralysis	1	2	3
Recommended a school for physically handicapped (day or boarding)	—	1	1
Recommended a school for physically handicapped (day)	—	1	1
Recommended educational treatment otherwise than at school	1	—	1

Handicapped pupils in special schools

	At end of 1947	Admitted during 1948	Discharged during 1948	No. at end of 1948
Educationally sub-normal	4	3	1	6
Blind	5	—	1	4
Deaf and dumb	8	—	2	6
Epileptic	3	—	—	3
Physical	—	7	4	3
TOTAL ...	20	10	8	22

Juvenile Delinquency

During 1948, 330 school children appeared before the Juvenile Court; of these 120 were for minor traffic offences. At the end of 1948 there were 20 school children in approved schools.

DIPHTHERIA IMMUNISATION

The majority of children immunised for the first time against diphtheria in 1948 were under school age. 135 school children who had not been immunised in infancy received their first inoculations after entering school, 1,633 school children received doses which are recommended every three or four years in order to keep the immunity at a high level. Where practicable, special immunisation sessions are held at the schools, in addition to the regular sessions held at the various clinics in the borough.

The following table shows the number of school children and children under school age who were immunised during the year. The figures for the preceding four years are also given for comparison.

	1944	1945	1946	1947	1948
Number of children who were immunised for the first time :					
Under school age	871	940	895	1001	1128
School age	257	142	75	64	135
Number of school children who received a " booster " dose...	1110	1042	856	1199	1633

Vaccination against Smallpox

Of the 3,743 children examined at school medical inspections, only 913 or 24.39 per cent. had been vaccinated. The percentages of vaccinated children at the various age groups were :—

Entrants	28.62%
Second age group	20.66%
Third age group	22.40%

INFECTIOUS DISEASES IN SCHOOL CHILDREN

The prevention of outbreaks of infectious disease is perhaps one of the most difficult problems confronting the School Medical Officer. Whilst outstanding success has been attained in the prevention of diphtheria by preventive inoculation and the supervision and treatment of carriers, this is not so in the case of virus diseases such as measles, mumps and chickenpox. There is as yet no satisfactory method of preventive inoculation against these highly infectious diseases and the only method of keeping them under control is by the exclusion of cases from school until the infectious period is over and, in the case of measles, by the exclusion, for a period of fourteen days from the date of the appearance of the rash in the last case in the house, of infants who have not had the disease. The exclusion of contacts of mumps and chickenpox is impracticable owing to the long incubation periods of these diseases.

Scarlet fever presents a different problem. The term "scarlet fever" is rightly going out of favour in medical circles. It is now generally accepted that so called scarlet fever is only one manifestation of haemolytic streptococcal fever which may show itself in several different ways, such as streptococcal tonsillitis, erysipelas, puerperal fever, etc. It is, therefore, evident that a child suffering from a haemolytic streptococcal tonsillitis is as dangerous from the point of view of infection as a child with a scarlatinal rash. There are numerous carriers of haemolytic streptococci in the school population, but the more dangerous ones usually have an obvious discharge from nose or ears and can be picked out and treated. Wholesale periodic swabbing of school children for the detection of carriers is not practicable.

The following table shows the incidence of notifiable infectious diseases in school children during 1948 compared with the incidence at all ages :—

	1948	
	<i>School Children</i>	<i>All Ages</i>
Haemolytic streptococcal Fever (Scarlet Fever)	76	106
Measles	223	528
Whooping Cough	186	481
Diphtheria	1	1
Pneumonia	11	42
Anterior Poliomyelitis	1	4
Meningococcal Fever	1	3
	499	1,165

The year was noteworthy for the extremely low incidence of diphtheria. Only one very mild case occurred, the child making a complete recovery. Haemolytic streptococcal fever with a scarlatinal rash showed an increase over the previous year. The large majority were of a very mild nature and there were few complications.

Scabies

A weekly clinic for the treatment of scabies is held at the Cleansing Centre, Burlea Towers, Parkstone Road, Poole. Patients are referred either by their own doctors or by the School Medical Officers and attend by appointment. During 1948, 60 school children attended for treatment. It was necessary for many of these children to attend several times and altogether 166 attendances were made.

Head Infestation

Treatment of persistent or severe head infestation is carried out at the Cleansing Centre. During 1948, 86 school children were treated, several attending more than once during the year.

Red Cross War Memorial Children's Hospital, Swanage

This hospital receives children convalescing from serious illness and debilitated children who require hygienic surroundings and medical supervision to restore them to normal health. School children are admitted on the recommendation of the School Medical Officer. During 1948 seven children were admitted.

Provision of Milk in schools

Approximately 90% of the children took their daily allowance of milk. The allowance is one-third of a pint per scholar per day.

School Meals

During 1948, the daily average number of mid-day meals provided was 5,386. In certain cases of financial hardship meals were provided free of charge. The total number of free meals provided was 64,394.

Medical Examinations for Superannuation

During the year 30 medical examinations of teachers and others were carried out by the school medical staff.

HYGIENE AND SANITATION OF SCHOOL PREMISES

During 1948, 126 visits of inspection were made to schools by the Sanitary Inspectors. All sanitary conveniences were regularly inspected and any defects or lack of cleanliness attended to where found. The disinfection of classrooms and the whitewashing of conveniences is carried out at all schools during the holiday periods as a matter of routine. During inspections, particular attention was paid by the Sanitary Inspectors to the standard of hygiene in school kitchens and the attention of the staff persistently drawn to the importance of cleanliness of the hands of persons handling food or food utensils.

Generally speaking, the sanitary circumstances of the schools in the Borough are fairly satisfactory. All schools are provided with main water supplies ; washing facilities are fairly satisfactory and conveniences provided with modern pedestal wash-down water closets and reasonably satisfactory urinals.

REPORT OF THE SENIOR DENTAL OFFICER FOR 1948.

The strength of the dental staff during 1948 remained at three dental officers and three dental assistants.

There was an increase in the " acceptance of treatment " rate, particularly among Secondary School pupils. The acceptance rates were : Primary Schools, 88 per cent. ; Secondary Schools, 81 per cent. ; compared with 84 per cent. and 65 per cent. respectively in 1947.

The treatment of secondary school children occupies much more time than that of primary school children, so that the increased acceptance rate involved a heavy expenditure of time. This, together with the increased demands of the Maternity and Child Welfare Service and the fact that the services of a part-time dental anaesthetist were no longer available, caused a diminution in the total amount of treatment carried out. Of 9,637 children eligible, it was found possible to inspect only 6,651.

Dental Inspections

<i>Dental Inspections</i>	<i>Primary Schools</i>		<i>Secondary Schools</i>		<i>Totals</i>	
No. of Sessions	669		539		1208	
Total number of children inspected	4308		2343		6651	
No. of children—						
With naturally sound teeth	782	18.15%	121	5.10%	903	13.5%
With artificially sound teeth	618	14.3%	680	29.0%	1298	19.5%
Not referred for treatment	795	18.5%	49	2.0%	844	11.0%
Referred for treatment	2113	49.0%	1493	63.0%	3606	54.0%

Dental Sessions

Treatment

	<i>Primary</i>	<i>Secondary</i>	<i>TOTALS</i>
Inspection sessions ...	35	23	58
Treatment sessions ...	429	496	925
Anaesthetic sessions ...	112	5	117
Orthodontic sessions ...	25	15	40
Administration sessions ...	68	—	68

Cases completed per session	3.3	Fillings per session	4.6
Attendances per session ...	7.1	Extractions per sess.	3.7

Dental Treatment

	Primary		Secondary		Totals	Remarks
	Totals	Remarks	Totals	Remarks		
Number treated ...	1856	Acceptance 88%	1215	Acceptance 81%	3071	Acceptance 85%
Specials treated ...	—		—		—	
Total treated ...	1856	88%	1215	81%	3071	85%
Attendances ...	3744	2.01 per case	2856	2.37 per case	6602	2.01 per case
Fillings—Perm. Teeth ...	1484	1.02 per case	2680	2.02 per case	4164	1.04 per case
Temp. Teeth ...	88		6		94	
Extractions—Perm. Teeth	145	.08 per case	410	.33 per case	555	.18 per case
Temp. Teeth	2645	1.04 per case	224	.19 per case	2869	.09 per case
Anaesthetics—Local ...	598		1482		2026	
General	1435		162		1597	
Other operations ...	1270		2852		4122	



